

**TITLE V BLOCK GRANT APPLICATION**  
**FORMS (2-21)**  
**STATE: KS**  
**APPLICATION YEAR: 2010**

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**FORM 2**  
**MCH BUDGET DETAILS FOR FY 2010**

[Secs. 504 (d) and 505(a)(3)(4)]

**STATE: KS**

**1. FEDERAL ALLOCATION**

(Item 15a of the Application Face Sheet [SF 424])  
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 4,719,246

A.Preventive and primary care for children:

\$ 1,548,934 ( 32.82%)

B.Children with special health care needs:

\$ 1,486,474 ( 31.5%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 388,500 ( 8.23%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

**2. UNOBLIGATED BALANCE** (Item 15b of SF 424)

\$ 0

**3. STATE MCH FUNDS** (Item 15c of the SF 424)

\$ 4,079,395

**4. LOCAL MCH FUNDS** (Item 15d of SF 424)

\$ 5,475,000

**5. OTHER FUNDS** (Item 15e of SF 424)

\$ 0

**6. PROGRAM INCOME** (Item 15f of SF 424)

\$ 0

**7. TOTAL STATE MATCH** (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 2,352,511

\$ 9,554,395

**8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)**

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 14,273,641

**9. OTHER FEDERAL FUNDS**

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 94,644

c. CISS: \$ 140,000

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 61,543,000

h. AIDS: \$ 0

i. CDC: \$ 100,000

j. Education: \$ 5,851,667

k. Other: \$ 0

Family Planning \$ 2,482,320

NBHS, BF, XIX, SRS \$ 601,256

**10. OTHER FEDERAL FUNDS** (SUBTOTAL of all Funds under item 9)

\$ 70,812,887

**11. STATE MCH BUDGET TOTAL**

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 85,086,528

**FORM NOTES FOR FORM 2**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form2\_Main  
**Field Name:** Education  
**Row Name:** Other Federal Funds - Education  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Part C grant \$3,951,667 plus ARRA \$1,900,000

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: KS**

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 4,963,545	\$ 4,900,487	\$ 4,939,926	\$ 4,714,706	\$ 4,772,234	\$ 4,772,923
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 3,459,915	\$ 3,453,893	\$ 3,459,920	\$ 3,873,142	\$ 4,090,953	\$ 4,377,812
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 2,125,751	\$ 4,178,738	\$ 2,197,725	\$ 4,413,563	\$ 4,678,738	\$ 5,007,212
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 10,549,211	\$ 12,533,118	\$ 10,597,571	\$ 13,001,411	\$ 13,541,925	\$ 14,157,947
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 47,414,924	\$ 56,693,282	\$ 56,281,349	\$ 60,437,505	\$ 56,693,282	\$ 62,362,445
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 57,964,135	\$ 69,226,400	\$ 66,878,920	\$ 73,438,916	\$ 70,235,207	\$ 76,520,392
(STATE MCH BUDGET TOTAL)						

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: KS**

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 4,772,234	\$ 4,700,774	\$ 4,700,774		\$ 4,719,246	
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 4,023,212	\$ 4,706,827	\$ 4,659,442		\$ 4,079,395	
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 4,624,845	\$ 5,928,079	\$ 4,261,972		\$ 5,475,000	
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 13,420,291	\$ 15,335,680	\$ 13,622,188	\$ 0	\$ 14,273,641	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 60,437,505	\$ 70,812,887	\$ 62,362,445		\$ 70,812,887	
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 73,857,796	\$ 86,148,567	\$ 75,984,633	\$ 0	\$ 85,086,528	\$ 0
(STATE MCH BUDGET TOTAL)						

## FORM NOTES FOR FORM 3

1. FY2008 State Funds, Expended differs from budgeted amount by more than 10%. Please enter notes. The difference of \$683K is due primarily to underbudgeting of CSHCN case management and MCH ATL grants. 2. FY2008 Local MCH Funds, Expended differs from budgeted amount by more than 10%. Please enter notes. The \$833K difference is due primarily to the failure to list the CSHCN case management state dollars (approx \$300K) and budgeting state match for MCH ATL grants at contract-required amount of 40% of award (\$1,895,808) instead of actuals reported by local agencies (\$2,963,103). 3. FY2008 Other Federal Funds, Expended differs from budgeted amount by more than 10%. Please enter notes. This increase of about \$10 M is due primarily to new funds -- \$8.5 M WIC and \$1.9M ARRA .

## FIELD LEVEL NOTES

1. **Section Number:** Form3\_Main  
**Field Name:** StateMCHFundsExpended  
**Row Name:** State Funds  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
1. FY2008 State Funds, Expended differs from budgeted amount by more than 10%. Please enter notes. The difference of \$683K is due primarily to underbudgeting of CSHCN case management and MCH ATL grants.
2. **Section Number:** Form3\_Main  
**Field Name:** StateMCHFundsExpended  
**Row Name:** State Funds  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
The decline in this line item is due mostly to a decrease in Pregnancy Maintenance Initiative funds that provide an "array of social services to help women carry their pregnancies to term."
3. **Section Number:** Form3\_Main  
**Field Name:** LocalMCHFundsExpended  
**Row Name:** Local MCH Funds  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
FY2008 Local MCH Funds, Expended differs from budgeted amount by more than 10%. Please enter notes. The \$833K difference is due primarily to the failure to list the CSHCN case management state dollars (approx \$300K) and budgeting state match for MCH ATL grants at contract-required amount of 40% of award (\$1,895,808) instead of actuals reported by local agencies (\$2,963,103).
4. **Section Number:** Form3\_Main  
**Field Name:** LocalMCHFundsExpended  
**Row Name:** Local MCH Funds  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Mostly, our local match is from MCH grants to local health departments and over the past several years the local health departments have provided significant overmatch. Although we have maintained these MCH grants to locals (combination of MCH Block Grant funds and matching State dollars) at essentially level funding, we have been unable to help them with the cost of inflation. Increasingly they are unable to absorb the costs of inflation and some have had reductions in the availability of local funds.
5. **Section Number:** Form3\_Main  
**Field Name:** OtherFedFundsExpended  
**Row Name:** Other Federal Funds  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
FY2008 Other Federal Funds, Expended differs from budgeted amount by more than 10%. Please enter notes. This increase of about \$10 M is due primarily to new funds -- \$8.5 M WIC and \$1.9M ARRA .
6. **Section Number:** Form3\_Main  
**Field Name:** OtherFedFundsExpended  
**Row Name:** Other Federal Funds  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
The amount provided is an estimate based on federal grant awards. The increase in this area is due mostly to an increase in WIC funding from the USDA.

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: KS**

	FY 2005		FY 2006		FY 2007	
<b>I. Federal-State MCH Block Grant Partnership</b>	<b>BUDGETED</b>	<b>EXPENDED</b>	<b>BUDGETED</b>	<b>EXPENDED</b>	<b>BUDGETED</b>	<b>EXPENDED</b>
a. Pregnant Women	\$ 3,111,004	\$ 2,040,550	\$ 3,134,572	\$ 2,531,998	\$ 2,534,334	\$ 2,702,803
b. Infants < 1 year old	\$ 2,345,605	\$ 2,040,551	\$ 2,382,917	\$ 2,531,998	\$ 2,534,335	\$ 2,702,803
c. Children 1 to 22 years old	\$ 2,247,616	\$ 5,694,615	\$ 2,338,512	\$ 5,427,229	\$ 5,623,979	\$ 5,730,828
d. Children with Special Healthcare Needs	\$ 2,444,986	\$ 2,316,230	\$ 2,314,367	\$ 2,056,679	\$ 2,379,277	\$ 2,542,226
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 400,000	\$ 441,172	\$ 427,203	\$ 453,507	\$ 470,000	\$ 479,287
g. SUBTOTAL	\$ 10,549,211	\$ 12,533,118	\$ 10,597,571	\$ 13,001,411	\$ 13,541,925	\$ 14,157,947
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 100,000		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 100,000		\$ 100,000		\$ 140,000	
d. Abstinence Education	\$ 258,240		\$ 344,320		\$ 337,110	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 36,657,956		\$ 45,326,112		\$ 48,793,723	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 276,708		\$ 276,708		\$ 100,000	
j. Education	\$ 6,994,152		\$ 6,746,288		\$ 3,867,324	
k. Other						
Family Planning	\$ 0		\$ 2,371,313		\$ 2,538,807	
Other Fed Funds	\$ 0		\$ 0		\$ 816,318	
Other	\$ 2,927,868		\$ 1,016,608		\$ 0	
III. SUBTOTAL	\$ 47,414,924		\$ 56,281,349		\$ 56,693,282	

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: KS**

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 2,659,031	\$ 3,305,241	\$ 2,559,173		\$ 2,800,492	
b. Infants < 1 year old	\$ 2,659,032	\$ 3,305,241	\$ 2,559,174		\$ 2,800,492	
c. Children 1 to 22 years old	\$ 5,573,311	\$ 6,351,680	\$ 5,423,785		\$ 5,868,371	
d. Children with Special Healthcare Needs	\$ 2,053,337	\$ 1,984,683	\$ 2,594,476		\$ 2,415,786	
e. Others	\$ 0	\$ 0	\$ 0		\$ 0	
f. Administration	\$ 475,580	\$ 388,835	\$ 485,580		\$ 388,500	
g. SUBTOTAL	\$ 13,420,291	\$ 15,335,680	\$ 13,622,188	\$ 0	\$ 14,273,641	\$ 0
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 94,644		\$ 94,644	
c. CISS	\$ 140,000		\$ 140,000		\$ 140,000	
d. Abstinence Education	\$ 0		\$ 337,112		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 53,153,828		\$ 54,889,700		\$ 61,543,000	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 100,000		\$ 100,000		\$ 100,000	
j. Education	\$ 3,817,837		\$ 3,887,531		\$ 5,851,667	
k. Other						
Family Planning	\$ 0		\$ 2,379,479		\$ 2,482,320	
NBHS, BF, XIX, SRS	\$ 0		\$ 0		\$ 601,256	
NBHS, BF, XIX, SRS	\$ 0		\$ 533,979		\$ 0	
Other Federal	\$ 3,125,840		\$ 0		\$ 0	
<b>III. SUBTOTAL</b>	\$ 60,437,505		\$ 62,362,445		\$ 70,812,887	



## FORM NOTES FOR FORM 4

None

### FIELD LEVEL NOTES

- 1. Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenExpended  
**Row Name:** Pregnant Women  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
FY2008 Pregnant Women, Expended differs from budgeted amount by more than 10%. Please enter notes. the difference of \$646K is due primarily to reporting of actual local agency expenditures instead of contractually required local agency match.
- 2. Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenExpended  
**Row Name:** Pregnant Women  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
This is an estimate based on half the expenditures for pregnant women and infants.
- 3. Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_0\_1Expended  
**Row Name:** Infants <1 year old  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
FY2008 Infants < 1 year old, Expended differs from budgeted amount by more than 10%. Please enter notes. The difference of \$646K is due primarily to reporting of actual local agency expenditures instead of contractually required local agency match.
- 4. Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_0\_1Expended  
**Row Name:** Infants <1 year old  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
This is an estimate based on half the expenditures for pregnant women and infants.
- 5. Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_1\_22Expended  
**Row Name:** Children 1 to 22 years old  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
This increase of \$778K is due primarily to reporting of Local match as actuals rather than as estimates based on contractually required match.
- 6. Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_1\_22Expended  
**Row Name:** Children 1 to 22 years old  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Primarily the reduction in this area is due to Teen Pregnancy Prevention funding.
- 7. Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** CSHCNExpended  
**Row Name:** CSHCN  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Overexpenditures in SFY 06 mostly due to PKU formula increases resulted in statutory change. The resulting use of a sliding fee scale for formula assistance has significantly reduced expenditures. Other cost saving measures were imposed of less significance.
- 8. Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** AdminBudgeted  
**Row Name:** Administration  
**Column Name:** Budgeted  
**Year:** 2010  
**Field Note:**  
Previously, the bureau director salary and admin support staff was reported here alongwith indirects. This year there was an increase in directs to 21.3% so that both were unable to be reported as admin costs. The bureau director salary and admin support for the director have not been moved to core public health.
- 9. Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** AdminBudgeted  
**Row Name:** Administration  
**Column Name:** Budgeted  
**Year:** 2009  
**Field Note:**  
\$55,580 is State dollars.
- 10. Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** AdminExpended  
**Row Name:** Administration  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Previously, the bureau director salary and admin support staff was reported here along with indirects. This year there was an increase in directs to 21.3% so that both were unable to be reported as admin costs. The bureau director salary and admin support for the director have not been moved to core public health.
- 11. Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** AdminExpended  
**Row Name:** Administration  
**Column Name:** Expended  
**Year:** 2007

**Field Note:**  
\$55,580 of this amount is State General funds. Indirect costs have continue to rise in the agency.

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: KS**

TYPE OF SERVICE	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 4,577,826	\$ 5,861,469	\$ 4,389,011	\$ 5,312,631	\$ 5,613,318	\$ 5,047,831
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 4,294,746	\$ 4,765,559	\$ 4,308,058	\$ 5,508,188	\$ 6,121,783	\$ 7,146,953
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 658,142	\$ 865,006	\$ 682,590	\$ 1,030,438	\$ 720,112	\$ 992,972
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 1,018,497	\$ 1,041,084	\$ 1,217,912	\$ 1,150,154	\$ 1,086,712	\$ 970,191
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 10,549,211	\$ 12,533,118	\$ 10,597,571	\$ 13,001,411	\$ 13,541,925	\$ 14,157,947

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: KS**

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 5,602,754	\$ 5,083,268	\$ 5,304,203	\$	\$ 4,877,888	\$
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 5,573,378	\$ 8,592,414	\$ 6,101,176	\$	\$ 7,570,830	\$
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,107,605	\$ 460,632	\$ 1,115,094	\$	\$ 566,913	\$
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 1,136,554	\$ 1,199,366	\$ 1,101,715	\$	\$ 1,258,010	\$
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 13,420,291	\$ 15,335,680	\$ 13,622,188	\$ 0	\$ 14,273,641	\$ 0

## FORM NOTES FOR FORM 5

The primary reasons for differences between expended and budgeted are large reductions in SGF funding that occurred in the 2009 session. Otherwise, there is a major change in reporting of local match this year from estimates based on contractually required match to actuals reported on quarterly affidavits.

### FIELD LEVEL NOTES

- 1. Section Number:** Form5\_Main  
**Field Name:** DirectHCExpended  
**Row Name:** Direct Health Care Services  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
In SFY 08-09, there were changes to the MCH ATL grants and the CSHCN administration redirecting funding to enabling services. Based on these changes, this year funding for MCH grants to local agencies was redistributed from 50-50 enabling-direct to 75-25 enabling-direct. And funding for CSHCN was redirected from 25-75 enabling-direct to 50-50 enabling-direct.
- 2. Section Number:** Form5\_Main  
**Field Name:** EnablingBudgeted  
**Row Name:** Enabling Services  
**Column Name:** Budgeted  
**Year:** 2010  
**Field Note:**  
In the 2009 session, MCH lost about \$600K in SGF in an across the board reduction plus severe reduction to pregnancy maintenance initiative and teen pregnancy case management. These are somewhat offset by reporting of actuals for local agency match which are greater than previously reported contractually required match.
- 3. Section Number:** Form5\_Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
In the 2009 session, MCH lost about \$600K in SGF in an across the board reduction plus severe reductions to pregnancy maintenance initiative and teen pregnancy case management. These are somewhat offset by reporting of actuals for local agency match which are greater than previously reported contractually required match.
- 4. Section Number:** Form5\_Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
In SFY 08-09, there were changes to the MCH ATL grants and the CSHCN administration redirecting funding to enabling services. Based on these changes, this year funding for MCH grants to local agencies was redistributed from 50-50 enabling-direct to 75-25 enabling-direct. And funding for CSHCN was redirected from 25-75 enabling-direct to 50-50 enabling-direct.
- 5. Section Number:** Form5\_Main  
**Field Name:** PopBasedBudgeted  
**Row Name:** Population-Based Services  
**Column Name:** Budgeted  
**Year:** 2010  
**Field Note:**  
The SGF reductions during the 2009 session, especially in the teen pregnancy reduction initiative (community-wide education), are the primary reasons for the reduction in population-based funding.
- 6. Section Number:** Form5\_Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
The SGF reductions during the 2009 session, especially in the teen pregnancy reduction initiative (community-wide education), are the primary reasons for the reduction in population-based funding.
- 7. Section Number:** Form5\_Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Funding in this area is SIDS Network of Kansas, Teen Pregnancy, Newborn Metabolic and Hearing Screening Follow-up and Oral Health.
- 8. Section Number:** Form5\_Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Funds in this area include Vital, Local and Rural Health, Child Care Licensing, C&F Section, WIC Nutrition consultation, Division of Health, and MCH Epidemiology.

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
Sect. 506(a)(2)(B)(iii)						
STATE: KS						
Total Births by Occurrence: 42,901				Reporting Year: 2007		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	42,901	100	36	1	1	100
Congenital Hypothyroidism	42,901	100	49	31	31	100
Galactosemia	42,901	100	28	1	1	100
Sickle Cell Disease	42,901	100	8	7	7	100
Other Screening (Specify)						
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator. (2) Report only those from resident births. (3) Use number of confirmed cases as denominator.						

## FORM NOTES FOR FORM 6

### DATA SOURCE:

Total births by occurrence= KDHE. Center for Health and Environmental Statistics. Annual Vital Summary 2007.  
Type of screening tests= KDHE. Bureau of Family Health. Kansas Newborn Screening program CY 2007.

## FIELD LEVEL NOTES

1. **Section Number:** Form6\_Main  
**Field Name:** Phenylketonuria\_OneScreenNo  
**Row Name:** Phenylketonuria  
**Column Name:** Receiving at least one screen  
**Year:** 2010  
**Field Note:**  
Kansas state law mandates screening of all newborns for this condition
2. **Section Number:** Form6\_Main  
**Field Name:** Congenital\_OneScreenNo  
**Row Name:** Congenital  
**Column Name:** Receiving at least one screen  
**Year:** 2010  
**Field Note:**  
Kansas state law mandates screening of all newborns for this condition
3. **Section Number:** Form6\_Main  
**Field Name:** Galactosemia\_OneScreenNo  
**Row Name:** Galactosemia  
**Column Name:** Receiving at least one screen  
**Year:** 2010  
**Field Note:**  
Kansas state law mandates screening of all newborns for this condition
4. **Section Number:** Form6\_Main  
**Field Name:** SickleCellDisease\_OneScreenNo  
**Row Name:** SickleCellDisease  
**Column Name:** Receiving at least one screen  
**Year:** 2010  
**Field Note:**  
Kansas state law mandates screening of all newborns for this condition

**FORM 7**  
**NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V**  
**(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)**

[Sec. 506(a)(2)(A)(i-ii)]

**STATE: KS**

Reporting Year: 2007

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	7,158	17.6	13.7	13.2	53.9	1.7
Infants < 1 year old	41,951	23.9	0.0	67.4	7.4	1.3
Children 1 to 22 years old	50,523	15.1	20.7	30.4	29.1	1.7
Children with Special Healthcare Needs	4,005	41.3	4.6	24.7	4.3	25.1
Others	9,043	30.7	12.3	32.7	21.3	3.0
TOTAL	112,680					



## FORM NOTES FOR FORM 7

1

### FIELD LEVEL NOTES

1. **Section Number:** Form7\_Main  
**Field Name:** PregWomen\_TS  
**Row Name:** Pregnant Women  
**Column Name:** Title V Total Served  
**Year:** 2010  
**Field Note:**  
Data source: Maternal & Infant database, Bureau of Family Health, KDHE
2. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_TS  
**Row Name:** Infants <1 year of age  
**Column Name:** Title V Total Served  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: KDHE. Center for Health and Environmental Statistics. Annual Vital Summary CY 2007.
3. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_XIX  
**Row Name:** Infants <1 year of age  
**Column Name:** Title XIX %  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: KDHE. Center for Health and Environmental Statistics. Medicaid identified as source of payment from live birth certificates.
4. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_XXI  
**Row Name:** Infants <1 year of age  
**Column Name:** Title XXI %  
**Year:** 2010  
**Field Note:**  
No accurate data for this field exists.
5. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_Private  
**Row Name:** Infants <1 year of age  
**Column Name:** Private/Other %  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: KDHE. Center for Health and Environmental Statistics. Private, Indian Health Services, Champus/Tricare and other government identified as sources of payment from live birth certificates.  
  
Note other government includes but is not solely restricted to Title XXI healthwave.
6. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_None  
**Row Name:** Infants <1 year of age  
**Column Name:** None %  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: KDHE. Center for Health and Environmental Statistics. Self payer identified as source of payment from live birth certificates.
7. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_Unknown  
**Row Name:** Infants <1 year of age  
**Column Name:** Unknown %  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: KDHE. Center for Health and Environmental Statistics. Unknown identified as source of payment from live birth certificates.
8. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_TS  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Title V Total Served  
**Year:** 2010  
**Field Note:**  
Data source: Maternal & Infant database, Bureau of Family Health, KDHE
9. **Section Number:** Form7\_Main  
**Field Name:** CSHCN\_TS  
**Row Name:** Children with Special Health Care Needs  
**Column Name:** Title V Total Served  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: KDHE. Bureau of Family Health. Children with Special Health Care Needs program data for CY 2007.  
  
Due to changes in data system and methods to collect this data, the results are not comparable with previous years submissions.
10. **Section Number:** Form7\_Main  
**Field Name:** CSHCN\_XIX  
**Row Name:** Children with Special Health Care Needs  
**Column Name:** Title XIX %  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: KDHE. Bureau of Family Health. Children with Special Health Care Needs program data for CY 2007.
11. **Section Number:** Form7\_Main  
**Field Name:** CSHCN\_XXI  
**Row Name:** Children with Special Health Care Needs  
**Column Name:** Title XXI %  
**Year:** 2010

**Field Note:**

DATA SOURCE: KDHE. Bureau of Family Health. Children with Special Health Care Needs program data for CY 2007.

**12. Section Number:** Form7\_Main

**Field Name:** CSHCN\_Private

**Row Name:** Children with Special Health Care Needs

**Column Name:** Private/Other %

**Year:** 2010

**Field Note:**

DATA SOURCE: KDHE. Bureau of Family Health. Children with Special Health Care Needs program data for CY 2007.

**13. Section Number:** Form7\_Main

**Field Name:** CSHCN\_None

**Row Name:** Children with Special Health Care Needs

**Column Name:** None %

**Year:** 2010

**Field Note:**

DATA SOURCE: KDHE. Bureau of Family Health. Children with Special Health Care Needs program data for CY 2007.

**14. Section Number:** Form7\_Main

**Field Name:** CSHCN\_Unknown

**Row Name:** Children with Special Health Care Needs

**Column Name:** Unknown %

**Year:** 2010

**Field Note:**

DATA SOURCE: KDHE. Bureau of Family Health. Children with Special Health Care Needs program data for CY 2007.

This includes also records with missing information for insurance status

**15. Section Number:** Form7\_Main

**Field Name:** AllOthers\_TS

**Row Name:** Others

**Column Name:** Title V Total Served

**Year:** 2010

**Field Note:**

Data source: Maternal & Infant database, Bureau of Family Health, KDHE

**FORM 8**  
**DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE**  
**XIX**  
**(BY RACE AND ETHNICITY)**  
[SEC. 506(A)(2)(C-D)]  
**STATE: KS**

Reporting Year: 2007

**I. UNDUPLICATED COUNT BY RACE**

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	43,090	35,073	3,144	289	1,167	53	696	2,668
Title V Served	7,140	5,914	569	46	154	16	44	397
Eligible for Title XIX	15,321	12,028	1,936	271	243	16		827
<b>INFANTS</b>								
Total Infants in State	42,901	34,935	3,117	286	1,162	53	696	2,652
Title V Served	42,901	34,935	3,117	286	1,162	53	696	2,652
Eligible for Title XIX	17,978	13,669	2,493	311	314	19		1,172

**II. UNDUPLICATED COUNT BY ETHNICITY**

				<b>HISPANIC OR LATINO (Sub-categories by country or area of origin)</b>				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	36,208	6,757	125	5,019	31	145	693	869
Title V Served	4,195	2,860	85					
Eligible for Title XIX	11,500	3,819	2					
<b>INFANTS</b>								
Total Infants in State	36,054	6,727	120	4,997	31	145	690	864
Title V Served	36,054	6,727	120	4,997	31	145	690	864
Eligible for Title XIX	13,206	4,772	0					

## FORM NOTES FOR FORM 8

None

### FIELD LEVEL NOTES

1. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTotal\_All  
**Row Name:** Total Deliveries in State  
**Column Name:** Total All Races  
**Year:** 2010  
**Field Note:**  
Data Source: Center for Health & Environmental Statistics (occurrence deliveries including live births and stillbirths), KDHE.
2. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleV\_All  
**Row Name:** Title V Served  
**Column Name:** Total All Races  
**Year:** 2010  
**Field Note:**  
Data source: Maternal & Infant database, Bureau of Family Health, KDHE
3. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleXIX\_All  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total All Races  
**Year:** 2010  
**Field Note:**  
Data Source: Medicaid Management Information System (MMIS), Kansas Health Policy Authority (CY2007)
4. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleXIX\_More  
**Row Name:** Eligible for Title XIX  
**Column Name:** More Than One Race Reported  
**Year:** 2010  
**Field Note:**  
This category is not available from the Medicaid database.
5. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTotal\_All  
**Row Name:** Total Infants in State  
**Column Name:** Total All Races  
**Year:** 2010  
**Field Note:**  
Data source: Center for Health & Environmental Statistics (occurrence live births), KDHE
6. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTitleV\_All  
**Row Name:** Title V Served  
**Column Name:** Total All Races  
**Year:** 2010  
**Field Note:**  
Data Source: Kansas Metabolic Screening Program, Bureau of Family Health, KDHE
7. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTitleXIX\_All  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total All Races  
**Year:** 2010  
**Field Note:**  
Data Source: Medicaid Management Information System (MMIS), Kansas Health Policy Authority (CY2007)
8. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTitleXIX\_More  
**Row Name:** Eligible for Title XIX  
**Column Name:** More Than One Race Reported  
**Year:** 2010  
**Field Note:**  
This category is not available from the Medicaid database.
9. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTotal\_TotalNotHispanic  
**Row Name:** Total Deliveries in State  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2010  
**Field Note:**  
Data Source: Center for Health & Environmental Statistics (occurrence deliveries including live births and stillbirths), KDHE.
10. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleV\_TotalNotHispanic  
**Row Name:** Title V Served  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2010  
**Field Note:**  
Data source: Maternal & Infant database, Bureau of Family Health, KDHE
11. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleV\_TotalHispanic  
**Row Name:** Title V Served  
**Column Name:** Total Hispanic or Latino  
**Year:** 2010  
**Field Note:**  
Hispanic sub-categories were not collected in CY2007.
12. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_TotalNotHispanic  
**Row Name:** Eligible for Title XIX

**Column Name:** Total Not Hispanic or Latino

**Year:** 2010

**Field Note:**

Data Source: Medicaid Management Information System (MMIS), Kansas Health Policy Authority (CY2007)

13. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** DeliveriesTitleXIX\_TotalHispanic

**Row Name:** Eligible for Title XIX

**Column Name:** Total Hispanic or Latino

**Year:** 2010

**Field Note:**

Hispanic sub-categories were not collected in CY2007.

14. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTotal\_TotalNotHispanic

**Row Name:** Total Infants in State

**Column Name:** Total Not Hispanic or Latino

**Year:** 2010

**Field Note:**

Data source: Center for Health & Environmental Statistics (occurrence live births), KDHE

15. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleV\_TotalNotHispanic

**Row Name:** Title V Served

**Column Name:** Total Not Hispanic or Latino

**Year:** 2010

**Field Note:**

Data Source: Kansas Metabolic Screening Program, Bureau of Family Health, KDHE

16. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleXIX\_TotalNotHispanic

**Row Name:** Eligible for Title XIX

**Column Name:** Total Not Hispanic or Latino

**Year:** 2010

**Field Note:**

Data Source: Medicaid Management Information System (MMIS), Kansas Health Policy Authority (CY2007)

17. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleXIX\_TotalHispanic

**Row Name:** Eligible for Title XIX

**Column Name:** Total Hispanic or Latino

**Year:** 2010

**Field Note:**

Hispanic sub-categories were not collected in CY2007.

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: KS**

	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>	<b>FY 2006</b>
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800)-332-6262</u>	<u>(800)-332-6262</u>	<u>(800)-332-6262</u>	<u>(800)-332-6262</u>	<u>(800) 332-6262</u>
2. State MCH Toll-Free "Hotline" Name	Make a Difference Information Network (MADIN)	Make a Difference Information Network (MADIN)	Make a Difference Information Network (MADIN)	Make a Difference Information Network (MADIN)	Make a Difference Information Network (MADIN)
3. Name of Contact Person for State MCH "Hotline"	<u>Norma Hinton</u>	<u>Joe Johnson</u>	<u>Joe Johnson</u>	<u>Joe Johnson</u>	<u>Joe Johnson</u>
4. Contact Person's Telephone Number	<u>(785)-296-1317</u>	<u>(785) 296-1317</u>	<u>(785) 296-1317</u>	<u>(785) 296-1317</u>	<u>(785) 296-1317</u>
5. Contact Person's Email	<u>nhinton@kdheks.gov</u>	<u></u>	<u></u>	<u></u>	<u></u>
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>3,025</u>	<u>6,963</u>	<u>7,648</u>

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: KS**

	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>	<b>FY 2006</b>
1. State MCH Toll-Free "Hotline" Telephone Number	<u></u>	<u>(888) 744-4825</u>	<u>(888) 744-4825</u>	<u>(888) 744-4825</u>	<u>(888) 744-4825</u>
2. State MCH Toll-Free "Hotline" Name	<u></u>	Womens Right to Know Hotline (WRTK)	Womens Right to Know Hotline (WRTK)	Womens Right to Know Hotline (WRTK)	Womens Right to Know Hotline (WRTK)
3. Name of Contact Person for State MCH "Hotline"	<u></u>	<u>Joe Johnson</u>	<u>Joe Johnson</u>	<u>Joe Johnson</u>	<u>Joe Johnson</u>
4. Contact Person's Telephone Number	<u></u>	<u>(785) 296-1317</u>	<u>(785) 296-1317</u>	<u>(785) 296-1317</u>	<u>(785) 296-1317</u>
5. Contact Person's Email	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>0</u>	<u>144</u>	<u>164</u>

## FORM NOTES FOR FORM 9

None

### FIELD LEVEL NOTES

1. **Section Number:** Form9\_Main

**Field Name:** calls\_2

**Row Name:** Number of calls received On the State MCH Hotline This reporting period

**Column Name:** FY

**Year:** 2008

**Field Note:**

We believe the difference between FY 07 and FY08 number of MCH "Hotline" calls between reporting periods is likely attributed to a difference in the method of counting calls.

The former "Hotline" contact person is no longer with KDHE, and we are unable to determine how the number of calls received was documented.

However, we have experienced an increase in the number of calls and web site hits since the update (English and Spanish) of our Make a Difference web site as well as the addition of a bilingual Make a Difference operator.

**FORM 10**  
**TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT**  
**STATE PROFILE FOR FY 2010**  
[SEC. 506(A)(1)]  
**STATE: KS**

1. State MCH Administration:  
(max 2500 characters)

The Bureau of Family Health (BFH) in the Kansas Department of Health and Environment administers the Maternal and Child Health Services Block Grant program. The mission of the BFH is to provide leadership to enhance the health of Kansas women and children through partnerships with families and communities. BFH core functions include assessment, policy development and assurance. BFH engages in the 10 essential public health services to promote the health of mothers and children: assess and monitor health status; diagnose and investigate health problems; inform and educate the public and families; mobilize community partnerships; priority setting, planning and policy development; legal requirements to protect health and safety; link mothers and children to services; assure competent workforce; evaluate services and conduct research to improve MCH.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 4,719,246
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 4,079,395
5. Local MCH Funds (Line 4, Form 2)	\$ 5,475,000
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ 14,273,641</b>

9. Most significant providers receiving MCH funds:

Local Health Departments
Medical Specialty Providers
Schools and Academia
Other Community-Based Organizations

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	7,158
b. Infants < 1 year old	41,951
c. Children 1 to 22 years old	50,523
d. CSHCN	4,005
e. Others	9,043

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:

(max 2500 characters)

CSHCN assists families with purchase of medical specialty services, surgeries and medications including some metabolic formula for uninsured and underinsured children. CSHCN staff provide case management to assure linkages with health insurance and quality of care. Local health departments provide care coordination to pregnant women linking them with local providers & community services and providing ongoing support services.

b. Population-Based Services:

(max 2500 characters)

Kansas newborns receive screening for the 29 conditions recommended for State programs by the American College of Medical Genetics (ACMG). This includes metabolic conditions as well as hearing. Out-of-range findings are reported to the MCH nurse or audiologist who notifies the provider and/or family about the need for further diagnostic testing. Families are linked with quality services and may also receive CSHCN financial assistance.

c. Infrastructure Building Services:

(max 2500 characters)

BFH staff take leadership roles in the state breastfeeding-in-the-workplace initiative, the blue ribbon panel on infant mortality, the school-workplace-community priorities in the Governor's Healthy Kansas initiative, the State Genetics Plan, and many others. BFH coordinates its work with many stakeholders in the health care system, the child advocacy system, early childhood, education, social services, parents and many others.

12. The primary Title V Program contact person:

Name	Linda Kenney
Title	Director, BFH
Address	KDHE, 1000 SW Jackson, #220
City	Topeka
State	KS
Zip	66612
Phone	785-296-1310

13. The children with special health care needs (CSHCN) contact person:

Name	Marc Shiff
Title	Director, CSHCN
Address	KDHE, 1000 SW Jackson, #220
City	Topeka
State	KS
Zip	66612
Phone	785-296-1316



Fax 785-296-6553  
Email lkenney@kdheks.gov  
Web www.kdheks.gov/bcyf

Fax 785-296-8616  
Email mshiff@kdheks.gov  
Web www.kdheks.gov/bcyf

**FORM NOTES FOR FORM 10**

None

**FIELD LEVEL NOTES**

None

**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]  
**STATE: KS**

**Form Level Notes for Form 11**

None

**PERFORMANCE MEASURE # 01**

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

<b>Annual Objective and Performance Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Annual Performance Objective</b>	100	100	100	100
<b>Annual Indicator</b>	100.0	100.0	100.0	100.0
<b>Numerator</b>	25	52	50	40
<b>Denominator</b>	25	52	50	40

**Data Source**

Kansas Newborn Screening data

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

**Is the Data Provisional or Final?**

Final

Provisional

<b>Annual Objective and Performance Data</b>				
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
<b>Annual Performance Objective</b>	100	100	100	100
<b>Annual Indicator</b>				
<b>Numerator</b>				
<b>Denominator</b>				

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #1

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

**DATA SOURCE:**

Data for 2008 is not available at the time of this application. 2007 data was used to pre-populate this performance measure.

2. **Section Number:** Form11\_Performance Measure #1

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

**DATA SOURCE:** KDHE. Bureau of Family Health. Kansas Newborn Screening program for Calendar Year 2007 .

3. **Section Number:** Form11\_Performance Measure #1

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

**Data Source:** Kansas Newborn Screening program, 2006.

**PERFORMANCE MEASURE # 02**

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	60	65	65	65	70
Annual Indicator	59.1	65.6	65.6	65.6	65.6
Numerator					
Denominator					
Data Source					National CSHCN 2005-2006. Estimate KS.
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	70	75	75	75	75
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2008**Field Note:**

DATA SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs. 2005–2006.

Data for 2008 is not available. 2005-2006 data was used to pre-populate this performance measure. The wording of the two questions used to evaluate this outcome remained the same between 2001 and 2005-2006 National Children with Special Health Care Needs Survey and are therefore, comparable.

**2. Section Number:** Form11\_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2005-06

The data reported in 2007 are pre-populated with the data from 2005-06 for this performance measure. The wording of the two questions used to evaluate this outcome did not change; same as 2001. Indicator is comparable across survey years.

**3. Section Number:** Form11\_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2005-06

The wording of the two questions used to evaluate this outcome did not change; same as 2001. Indicator is comparable across survey years.

**PERFORMANCE MEASURE # 03**

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	60	65	60	60	60
Annual Indicator	58.9	55.3	55.3	55.3	55.3
Numerator					
Denominator					
Data Source					National CSHCN 2005-2006. Estimate KS
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	60	60	60	60	60
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

DATA SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs. 2005–2006.

Data for 2008 is not available. 2005-2006 data was used to pre-populate this performance measure. Substantial additions, wording changes, and skip revisions between 2001 and 2005-2006 National Children with Special Health Care Needs Survey have occurred. This indicator is not comparable with pre 2005 data.

**2. Section Number:** Form11\_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2005-06

The data reported in 2007 are pre-populated with the data from 2005-06 for this performance measure. Substantial additions, wording changes, and skip pattern revisions were made in 2005-06 to the sets of questions used to construct the Care Coordination and Access to Referrals components of the medical home composite measure for this outcome. Indicator is not comparable across survey years.

**3. Section Number:** Form11\_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2005-06

Substantial additions, wording changes, and skip pattern revisions were made in 2005-06 to the sets of questions used to construct the Care Coordination and Access to Referrals components of the medical home composite measure for this outcome. Indicator is not comparable across survey years.

**PERFORMANCE MEASURE # 04**

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	65	70	70	70	64
Annual Indicator	63.9	62.9	62.9	62.9	62.9
Numerator					
Denominator					
Data Source					National CSHCN 2005-2006. Estimate KS
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	64	64	68	68	68
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2008**Field Note:**

DATA SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs. 2005–2006.

Data for 2008 is not available. 2005-2006 data was used to pre-populate this performance measure. Indicators are comparable because no changes have occurred between 2001 and 2005-2006 National Children with Special Health Care Needs Survey.

**2. Section Number:** Form11\_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2005-06

The data reported in 2007 are pre-populated with the data from 2005-06 for this performance measure. Indicator is comparable across survey years (no changes; same as 2001).

**3. Section Number:** Form11\_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2005-06

Indicator is comparable across survey years (no changes; same as 2001).

**PERFORMANCE MEASURE # 05**

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	70	75	75	75	95
<b>Annual Indicator</b>	70.9	92.5	92.5	92.5	92.5
<b>Numerator</b>					
<b>Denominator</b>					
<b>Data Source</b>					National CSHCN 2005-2006. Estimate KS
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</p> <p>(Explain data in a year note. See Guidance, Appendix IX.)</p>					
<b>Is the Data Provisional or Final?</b>				Final	Final

<b>Annual Objective and Performance Data</b>					
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	95	99	99	99	99
<b>Annual Indicator</b>					
<b>Numerator</b>	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
<b>Denominator</b>					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2008**Field Note:**

DATA SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs. 2005–2006.

Data for 2008 is not available. 2005-2006 data was used to pre-populate this performance measure. Significant changes have occurred between 2001 and 2005-2006 National Children with Special Health Care Needs Survey in placement, phrasing, and ordering of this question. Thus, this indicator is not comparable with pre 2005 data.

**2. Section Number:** Form11\_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2005-06

The data reported in 2007 are pre-populated with the data from 2005-06 for this performance measure. Significant revisions were made to the wording, ordering and placement of the question in the 2005-06 survey. Indicator is not comparable across survey years.

**3. Section Number:** Form11\_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2005-06

Significant revisions were made to the wording, ordering and placement of the question in the 2005-06 survey. Indicator is not comparable across survey years.

**PERFORMANCE MEASURE # 06**

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	5	15	6.3	6.3	53
Annual Indicator	5.8	50.3	50.3	50.3	50.3
Numerator					
Denominator					
Data Source					National CSHCN 2005-2006. Estimate KS
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	53	55	55	55	55
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2008**Field Note:**

DATA SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs. 2005–2006.

Data for 2008 is not available. 2005-2006 data was used to pre-populate this performance measure. Substantial alterations, additions, and difference in skip pattern have occurred between 2001 and 2005-2006 National Children with Special Health Care in these questions. Thus, this indicator is not comparable with pre 2005 data.

**2. Section Number:** Form11\_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2005-06

The data reported in 2007 are pre-populated with the data from 2005-06 for this performance measure. In 2005-06, substantial changes and additions were made to the set of questions and skip patterns used for this outcome. Two questions were removed and several new questions were added to address concepts not measured in 2001. Indicator is not comparable across survey years.

**3. Section Number:** Form11\_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2005-06

In 2005-06, substantial changes and additions were made to the set of questions and skip patterns used for this outcome. Two questions were removed and several new questions were added to address concepts not measured in 2001. Indicator is not comparable across survey years.



**PERFORMANCE MEASURE # 07**

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	80	82	82	89	90
Annual Indicator	80.6	87.5	83.6	83.3	83.3
Numerator					
Denominator					
Data Source					CDC National Immunization Survey 2007--KS
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Enter a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	90	90	91	91	91
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2008**Field Note:**

DATA SOURCE: Centers for Disease Control and Prevention. National Center for Immunization and Respiratory Diseases. Vaccines and Immunization. US, National Immunization Survey, Q1/2007-Q4/2007. Estimated vaccination coverage with individual vaccines and selected vaccination series among children 19-35 months of age by state and local area. Table located on the web at [http://www.cdc.gov/vaccines/stats-surv/nis/tables/07/tab02\\_antigen\\_iap.xls](http://www.cdc.gov/vaccines/stats-surv/nis/tables/07/tab02_antigen_iap.xls)

Data for 2008 is not available. 2007 data was used to pre-populate this performance measure.

National Immunization Survey Rates for DTP4: Polio3:MMR1 combination are reported here. In Kansas, Haemophilus Influenza type B is not required for school entry. For school year 2008-2009, Hepatitis B (3 doses) and varicella (1 dose) are required for all children in kindergarten through grade 5.

**2. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2007**Field Note:**

DATA SOURCE: Centers for Disease Control and Prevention. National Center for Immunization and Respiratory Diseases. Vaccines and Immunization. US, National Immunization Survey, Q1/2007-Q4/2007. Estimated vaccination coverage with individual vaccines and selected vaccination series among children 19-35 months of age by state and local area. Table located on the web at [http://www.cdc.gov/vaccines/stats-surv/nis/tables/07/tab02\\_antigen\\_iap.xls](http://www.cdc.gov/vaccines/stats-surv/nis/tables/07/tab02_antigen_iap.xls)

National Immunization Survey Rates for DTP4: Polio3:MMR1 combination are reported here. In Kansas, Haemophilus Influenza type B is not required for school entry. For school year 2007-2008, Hepatitis B (3 doses) and varicella (1 dose) are required for all children in kindergarten through grade 3.

**3. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source: Estimated vaccination coverage with individual vaccines and selected vaccination series among children 19-35 months of age by state and local area. Table located on the web at [http://www.cdc.gov/vaccines/stats-surv/nis/tables/06/tab03\\_antigen\\_state.xls](http://www.cdc.gov/vaccines/stats-surv/nis/tables/06/tab03_antigen_state.xls)

National Immunization Survey Rates for DTP4: Polio3:MMR1 combination are reported here. In Kansas, Haemophilus Influenza type B is not required for school entry. For school year 2006-2007, Hepatitis B and one dose of varicella are required for kindergarten, first and second grade entry.

**PERFORMANCE MEASURE # 08**

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	20	19	19	18	18
Annual Indicator	20.4	19.6	19.5	21.7	21.7
Numerator	1,179	1,135	1,152	1,273	1,273
Denominator	57,850	57,812	59,155	58,780	58,780
Data Source					Kansas Vital Statistics, 2007
Do not report the numerator because: 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?	Final				Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2008**Field Note:**

The 2008 column is populated with 2007 data. 2008 data will be available Fall 2009.

**2. Section Number:** Form11\_Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source:

Numerator = Birth certificate (resident) data, 2007, Center for Health &amp; Environmental Statistics, KDHE

Denominator = U.S. Census estimates (Bridged-Race Vintage data set), 2007

**3. Section Number:** Form11\_Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source:

Numerator = Birth certificate (resident) data, 2006, Center for Health &amp; Environmental Statistics, KDHE

Denominator = U.S. Census estimates (Bridged-Race Vintage data set), 2006

**PERFORMANCE MEASURE # 09**

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	50	36	36	37	40
Annual Indicator	34.2	34.2	34.2	38.2	38.2
Numerator	11,485	11,485	11,485	13,176	13,176
Denominator	33,558	33,558	33,558	34,506	34,506
Data Source					KDHE. Smiles Across Kansas: 2007
Do not report the numerator because there were fewer than 5 events over the last year, and the number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?	Final				Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	40	45	45	45	45
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data Source: KDHE. Office of Oral Health. Smiles Across Kansas: 2007 Update - unpublished weighted data.

Data for 2008 is not available. 2007 data was used to pre-populate this performance measure.

**2. Section Number:** Form11\_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source: Smiles Across Kansas: 2007 Update - unpublished weighted data.

**3. Section Number:** Form11\_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source: Smiles Across Kansas 2004: The Oral Health of Kansas Children

**PERFORMANCE MEASURE # 10**

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	5	5	4	5.5	3.8
Annual Indicator	5.1	5.9	4.0	3.7	3.7
Numerator	29	33	23	21	21
Denominator	564,421	555,339	574,097	575,333	575,333
Data Source					Kansas Vital Statistics, 2007
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	3.6	3.6	3.6	3.6	3.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2008**Field Note:**

The 2008 column is populated with 2007 data. 2008 data will be available Fall 2009.

**2. Section Number:** Form11\_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2007**Field Note:****Data Source:**

Numerator = Death certificate (resident) data, 2007, Center for Health &amp; Environmental Statistics, KDHE

Denominator = U.S. Census estimates (Bridged-Race Vintage data set), 2007

**3. Section Number:** Form11\_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2006**Field Note:****Data Source:**

Numerator = Death certificate (resident) data, 2006, Center for Health &amp; Environmental Statistics, KDHE

Denominator = U.S. Census estimates (Bridged-Race Vintage data set), 2006

**PERFORMANCE MEASURE # 11**

The percent of mothers who breastfeed their infants at 6 months of age.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective			25	23	24
Annual Indicator		37.8	42.3	42.1	42.1
Numerator					
Denominator					
Data Source					National Immunization Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	45	45	45	45	45
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The 2008 column is populated with 2007 data. Estimates for children born in 2006 will be available in August 2010.

2. **Section Number:** Form11\_Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Source: National Immunization Survey, Centers for Disease Control and Prevention, Department of Health and Human Services.

Final geographic-specific breastfeeding rates among children born in 2005, CDC's Breastfeeding National Immunization Data: Any by States: 2005.

[http://www.cdc.gov/breastfeeding/data/NIS\\_data/2005/state\\_any.htm](http://www.cdc.gov/breastfeeding/data/NIS_data/2005/state_any.htm)

3. **Section Number:** Form11\_Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source: National Immunization Survey, Centers for Disease Control and Prevention, Department of Health and Human Services. Final geographic-specific breastfeeding rates among children born in 2004, CDC's Breastfeeding National Immunization Data: Any by States: 2004.

[http://www.cdc.gov/breastfeeding/data/NIS\\_data/2004/state\\_any.htm](http://www.cdc.gov/breastfeeding/data/NIS_data/2004/state_any.htm)

**PERFORMANCE MEASURE # 12**

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	98	98	98	98	98
Annual Indicator	96.2	87.9	95.3	96.4	97.4
Numerator	38,925	35,825	39,951	41,388	41,485
Denominator	40,449	40,734	41,910	42,947	42,584
Data Source					Kansas Newborn Screening program, 2008
Do not report the numerator because there were fewer than 5 events over the last year, and the 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	98	98	98	99	99
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

DATA SOURCE:

Numerator= KDHE. Bureau of Family Health. Kansas Newborn Screening program for Calendar Year 2008 .

Denominator= KDHE. Office of Health Assessment. Kansas Live Birth by Occurrences.

**2. Section Number:** Form11\_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Sources: Newborn Hearing Screening program 2007 (numerator); Vital Statistics occurrent births for 2007 (denominator).

**3. Section Number:** Form11\_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Sources: Newborn Hearing Screening program 2006 (numerator); Vital Statistics occurrent births for 2006 (denominator).

**PERFORMANCE MEASURE # 13**

Percent of children without health insurance.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	5	5	6	6.5	7
Annual Indicator	6.3	6.2	7.3	7.7	7.7
Numerator					
Denominator					
Data Source					US Census. ASEC supplement. Table HI05
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	7	7	7	7	7
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

DATA SOURCE: U.S. Census Bureau and Bureau of Labor Statistics. Current Population Survey. Annual Social and Economic (ASEC) supplement. Table HI05. Health Insurance Coverage Status and Type of Coverage by State and Age for All People: 2007. Addition information can be found at [http://www.census.gov/hhes/www/macro/032008/health/h05\\_000.htm](http://www.census.gov/hhes/www/macro/032008/health/h05_000.htm)

Data for 2008 is not available. 2007 data was used to pre-populate this performance measure.

**2. Section Number:** Form11\_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

DATA SOURCE: U.S. Census Bureau and Bureau of Labor Statistics. Current Population Survey. Annual Social and Economic (ASEC) supplement. Table HI05. Health Insurance Coverage Status and Type of Coverage by State and Age for All People: 2007. Addition information can be found at [http://www.census.gov/hhes/www/macro/032008/health/h05\\_000.htm](http://www.census.gov/hhes/www/macro/032008/health/h05_000.htm)

**3. Section Number:** Form11\_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source: Table HIA-5. Health insurance coverage status and type of coverage by state -- children under 18: 1999 to 2006. <http://www.census.gov/hhes/www/hlthins/historic/hihist5.html>

**PERFORMANCE MEASURE # 14**

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			30	30	29
Annual Indicator		30.3	30.8	30.1	30.1
Numerator		10,114	6,900	9,474	9,474
Denominator		33,378	22,404	31,476	31,476
Data Source					Pediatric Nutrition Surveillance System, 2008
Do not report the numerator because there were fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?	Final				Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	29	28	28	28	28
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

- Section Number:** Form11\_Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 The 2008 column is populated with 2007 data. 2008 data will be available Fall 2009.
- Section Number:** Form11\_Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Data Source: Pediatric Nutrition Surveillance System (PedNSS), 2007 (Kansas WIC database).
- Section Number:** Form11\_Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 The numbers presented for 2006 do not represent all the WIC participants due to a new data base roll-out.



**PERFORMANCE MEASURE # 15**

Percentage of women who smoke in the last three months of pregnancy.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective			12.3	13.5	13.5
Annual Indicator		14.0	14.2	13.7	13.7
Numerator		5,577	5,814	5,729	5,729
Denominator		39,701	40,896	41,951	41,951

**Data Source**Kansas Vital  
Statistics, 2007

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	13	13	12.5	12.5	12.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2008**Field Note:**

The 2008 column is populated with 2007 data. 2008 data will be available Fall 2009.

**2. Section Number:** Form11\_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source: Birth certificate (resident) data, 2007, Center for Health &amp; Environmental Statistics, KDHE

Data prior to 2005 are not comparable due to the revision of the Kansas Birth Certificate.

**3. Section Number:** Form11\_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2006**Field Note:**

2005 data is not comparable to data from previous years since it is collected from the revised birth certificate.

**PERFORMANCE MEASURE # 16**

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	6.5	6.3	8	7.5	9.4
Annual Indicator	8.3	7.9	9.5	10.1	10.1
Numerator	51	48	58	61	61
Denominator	614,974	610,153	607,746	606,239	606,239
Data Source					Kansas Vital Statistics, 2007
Do not report the numerator because there were fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?	Final				Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>9.3</u>	<u>9.2</u>	<u>9.1</u>	<u>9</u>	<u>9</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2008**Field Note:**

The 2008 column is populated with 2007 data. 2008 data will be available Fall 2009.

**2. Section Number:** Form11\_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source:

Numerator = Death certificate (resident) data, 2007, Center for Health &amp; Environmental Statistics, KDHE

(2007 data=2005-2007).

Reporting years were combined to calculate 3 year rolling averages due to small sample size. ICD-10 coding: X60-X84,Y870.

Denominator = U.S. Census estimates (Bridged-Race Vintage data set), 2007

**3. Section Number:** Form11\_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source:

Numerator = Death certificate (resident) data, 2006, Center for Health &amp; Environmental Statistics, KDHE

(2006 data=2004-2006).

Reporting years were combined to calculate 3 year rolling averages due to small sample size. ICD-10 coding: X60-X84,Y870.

Denominator = U.S. Census estimates (Bridged-Race Vintage data set), 2006

**PERFORMANCE MEASURE # 17**

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	86	84	84	85	85
Annual Indicator	80.4	83.1	79.5	82.8	82.8
Numerator	385	402	380	434	434
Denominator	479	484	478	524	524
Data Source					Kansas Vital Statistics, 2007
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	86	86	87	87	87
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

The 2008 column is populated with 2007 data. 2008 data will be available Fall 2009.

**2. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source: Birth certificate (resident instate births) data, 2007, Center for Health &amp; Environmental Statistics, KDHE

Kansas's level III hospitals are HCA Wesley Medical Center (Wichita), Via Christi-St. Joseph, (Wichita), Stormont-Vail Regional Medical Center (Topeka), HCA Overland Park Medical Center (Overland Park), Shawnee Mission Medical Center (Merrian) and Kansas Bell Memorial Hospital (Kansas City).

**3. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source: Birth certificate (resident instate births) data, 2006, Center for Health &amp; Environmental Statistics, KDHE

Kansas's level III hospitals are HCA Wesley Medical Center (Wichita), Via Christi-St. Joseph, (Wichita), Stormont-Vail Regional Medical Center (Topeka), HCA Overland Park Medical Center (Overland Park), Shawnee Mission Medical Center (Merrian) and Kansas Bell Memorial Hospital (Kansas City).

**PERFORMANCE MEASURE # 18**

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	88	88	89	78	78
Annual Indicator	85.9	76.0	75.0	72.4	72.4
Numerator	33,967	27,687	28,286	28,677	28,677
Denominator	39,553	36,430	37,733	39,597	39,597
Data Source					Kansas Vital Statistics, 2007
Do not report the numerator because there were fewer than 5 events over the last year, and the 3-year moving average over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?	Final				Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	79	79	80	80	80
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2008**Field Note:**

The 2008 column is populated with 2007 data. 2008 data will be available Fall 2009.

**2. Section Number:** Form11\_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source: Birth certificate (resident) data, 2007, Center for Health &amp; Environmental Statistics, KDHE

Data prior to 2005 are not comparable due to the revision of the Kansas Birth Certificate.

**3. Section Number:** Form11\_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source: Birth certificate (resident) data, 2006, Center for Health &amp; Environmental Statistics, KDHE

Data prior to 2005 are not comparable due to the revision of the Kansas Birth Certificate.

**STATE PERFORMANCE MEASURE # 1**

The percent of women in their reproductive years with public or private health insurance coverage

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			90	90	90
Annual Indicator	83.1	81.8	80.3	82.7	82.7
Numerator	424,383	416,378	401,212	414,017	414,017
Denominator	510,690	509,019	499,641	500,651	500,651
Data Source					Kansas BRFSS, 2007
Is the Data Provisional or Final?	Final				Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	90	90	90	90	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2008**Field Note:**

The 2008 column is populated with 2007 data. 2008 data will be available Fall 2009.

**2. Section Number:** Form11\_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: Kansas Behavioral Factor Surveillance Survey, 2007

**3. Section Number:** Form11\_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: Kansas Behavioral Factor Surveillance Survey, 2006

**STATE PERFORMANCE MEASURE # 2**

The percent of women who report cigarette smoking during pregnancy

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			11	16	16
Annual Indicator	12.4	16.3	16.5	16.1	16.1
Numerator	4,906	6,475	6,729	6,767	6,767
Denominator	39,553	39,701	40,896	41,951	41,951
Data Source					Kansas Vital Statistics, 2007
Is the Data Provisional or Final?	Final				Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	15.8	15.5	15.3	15.3	15.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2008**Field Note:**

The 2008 column is populated with 2007 data. 2008 data will be available Fall 2009.

**2. Section Number:** Form11\_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source: Birth certificate (resident) data, 2007, Center for Health &amp; Environmental Statistics, KDHE

Data prior to 2005 are not comparable due to the revision of the Kansas Birth Certificate.

**3. Section Number:** Form11\_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source: Birth certificate (resident) data, 2006, Center for Health &amp; Environmental Statistics, KDHE

Data prior to 2005 are not comparable due to the revision of the Kansas Birth Certificate.

**STATE PERFORMANCE MEASURE # 3**

The percent of mothers who breastfeed their infants at least 6 months

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			25	26	27
Annual Indicator	38.2	37.8	42.3	42.1	42.1
Numerator					
Denominator					
Data Source					National Immunization Survey
Is the Data Provisional or Final?				Final	Provisional
<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	50	50	50	50	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2008**Field Note:**

The 2008 column is populated with 2007 data. Estimates for children born in 2006 will be available in August 2010.

**2. Section Number:** Form11\_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source: National Immunization Survey, Centers for Disease Control and Prevention, Department of Health and Human Services.

Final geographic-specific breastfeeding rates among children born in 2005, CDC's Breastfeeding National Immunization Data: Any by States: 2005.

[http://www.cdc.gov/breastfeeding/data/NIS\\_data/2005/state\\_any.htm](http://www.cdc.gov/breastfeeding/data/NIS_data/2005/state_any.htm)**3. Section Number:** Form11\_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source: National Immunization Survey, Centers for Disease Control and Prevention, Department of Health and Human Services.

Final geographic-specific breastfeeding rates among children born in 2004, CDC's Breastfeeding National Immunization Data: Any by States: 2004.

[http://www.cdc.gov/breastfeeding/data/NIS\\_data/2004/state\\_any.htm](http://www.cdc.gov/breastfeeding/data/NIS_data/2004/state_any.htm)

**STATE PERFORMANCE MEASURE # 4**

The percent of children and adolescents that receive behavioral/mental health services

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			6	7	7
Annual Indicator	4.9	5.0	5.4	6.0	6.1
Numerator	41,411	41,701	46,970	51,407	52,606
Denominator	852,755	842,406	862,298	861,972	861,972
Data Source					Kansas Community Health Centers
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	8	8	8	8	8
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

- Section Number:** Form11\_State Performance Measure #4  
**Field Name:** SM4  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 Data Source: Kansas Community Health Centers, 2008 (Provisional data)
- Section Number:** Form11\_State Performance Measure #4  
**Field Name:** SM4  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Data Source: Kansas Community Health Centers, 2007
- Section Number:** Form11\_State Performance Measure #4  
**Field Name:** SM4  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 Data Source: Kansas Community Health Centers, 2006



**STATE PERFORMANCE MEASURE # 5**

The percent of children who are overweight

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	6	12	12	11.5	11.5
Annual Indicator	13.6	12.9	13.8	13.6	13.6
Numerator	4,020	4,306	3,092	4,281	4,281
Denominator	29,559	33,378	22,404	31,476	31,476
Data Source					Kanas PedNSS, 2007
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	11	11	10.5	10.5	10.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2008**Field Note:**

The 2008 column is populated with 2007 data. 2008 data will be available Fall 2009.

**2. Section Number:** Form11\_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source: Pediatric Nutrition Surveillance System (PedNSS), 2007, Kansas WIC data of children, ages 2-&lt;5, used as a proxy measure.

**3. Section Number:** Form11\_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source: Pediatric Nutrition Surveillance System (PedNSS), 2006, Kansas WIC data of children, ages 2-&lt;5, used as a proxy measure.

The numbers presented for 2006 do not represent all the WIC participants due to a new data base roll-out.

**STATE PERFORMANCE MEASURE # 6**

The rate of adolescent deaths due to motor vehicle crashes when using no seat belt

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			20	13	12.5
Annual Indicator	17.2	13.4	14.3	13.9	13.9
Numerator	35	27	29	28	28
Denominator	203,322	201,966	202,458	201,815	201,815
Data Source					Fatal Accident Reporting System
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>12</u>	<u>11.5</u>	<u>11</u>	<u>11</u>	<u>11</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

- Section Number:** Form11\_State Performance Measure #6  
**Field Name:** SM6  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 The 2008 column is populated with 2007 data. 2008 data will be available Summer 2009.
- Section Number:** Form11\_State Performance Measure #6  
**Field Name:** SM6  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Data Source:  
 Numerator = Fatal Analysis Reporting System (FARS), U.S. Department of Transportation Data. <http://www-fars.nhtsa.dot.gov/Main/index.aspx>.  
 Denominator = U.S. Census estimates, Bridged-Race Vintage data set
- Section Number:** Form11\_State Performance Measure #6  
**Field Name:** SM6  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 Data Source:  
 Numerator = Fatal Accident Reporting System (FARS), U.S. Department of Transportation Data  
 Denominator = U.S. Census estimates, Bridged-Race Vintage data set

**STATE PERFORMANCE MEASURE # 7**

The percent of infants with special health care needs who receive care within a medical home

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			65	65	85
Annual Indicator	58.9	58.9	58.9	82.1	87
Numerator					
Denominator					
Data Source					KS CSHCN infant survey 2008
Is the Data Provisional or Final?				Final	Final

  

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	88	89	91	92	92
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2008**Field Note:**

DATA SOURCE: Data is based on returned surveys mailed to families identified by the Kansas Vital Records as having birth defects and requested further information from the Bureau of Family Health. Data prior to 2007 is not comparable because of differences in data sources and methods.

**2. Section Number:** Form11\_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source: Survey from families with high risk infants using the vital export file, October 2007 - July 2008. Data prior to 2007 are not comparable due to differences in data source

**3. Section Number:** Form11\_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2006**Field Note:**

The 2006 data are not available - plan to survey families with high risk infants using the vital export file.

The estimate (58.9%) is based on the 2001 national CSHCN survey: CSHCN (age 0-17) received coordinated ongoing comprehensive care within a medical home.

**STATE PERFORMANCE MEASURE # 8**

The percent of youths with special health care needs who receive transition services to adult medical care

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			60	60	60
Annual Indicator	46.6	47.1	47.1	47.1	47.1
Numerator					
Denominator					
Data Source					National CSHCN 2005-2006. est KS
Is the Data Provisional or Final?				Final	Final

  

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	60	65	65	65	65
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2008**Field Note:**

DATA SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs. 2005–2006. Percentage of CSHCN (ages 12-17) whose doctors discussed shift to adult provider, if necessary.

Data for 2008 is not available. 2005-2006 data was used to pre-populate this performance measure. This measure is derived from several questions that have undergone substantial alterations, additions, and changes in skip pattern. Two questions were removed and several new questions were added to address concepts not measured in 2001 and therefore, this indicator is not comparable with pre 2005 data.

**2. Section Number:** Form11\_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2005-06; Percentage of CSHCN (ages 12-17) whose doctors discussed shift to adult provider, if necessary.

The data reported in 2007 are pre-populated with the data from 2005-06 for this performance measure. In 2005-06, substantial changes and additions were made to the set of questions and skip patterns used for this outcome. Two questions were removed and several new questions were added to address concepts not measured in 2001. Indicator is not comparable across survey years.

**3. Section Number:** Form11\_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2005-06; Percentage of CSHCN (ages 12-17) whose doctors discussed shift to adult provider, if necessary.

In 2005-06, substantial changes and additions were made to the set of questions and skip patterns used for this outcome. Two questions were removed and several new questions were added to address concepts not measured in 2001. Indicator is not comparable across survey years.

**STATE PERFORMANCE MEASURE # 9**

The percent of CSHCN families that experience financial problems due to the child's health needs

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			20	20	20
Annual Indicator	24.4	21.4	21.4	21.4	21.4
Numerator					
Denominator					
Data Source					National CSHCN 2005-2006. est KS
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	20	20	20	20	20
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2008**Field Note:**

DATA SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs. 2005–2006. Percentage of CSHCN whose conditions cause financial problems for the family.

Data for 2008 is not available. 2005-2006 data was used to pre-populate this performance measure. This indicator is comparable between 2005-2006 and 2001 National Children with Special Health Care Needs Survey.

**2. Section Number:** Form11\_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2005-06; Percentage of CSHCN whose conditions cause financial problems for the family.

The data reported in 2007 are pre-populated with the data from 2005-06 for this performance measures. Indicator is comparable across survey years.

**3. Section Number:** Form11\_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2005-06; Percentage of CSHCN whose conditions cause financial problems for the family.

Indicator is comparable across survey years.

**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]  
**STATE: KS**

**Form Level Notes for Form 12**

None

**OUTCOME MEASURE # 01**

The infant mortality rate per 1,000 live births.

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	<u>4.5</u>	<u>6.5</u>	<u>6.5</u>	<u>6.3</u>	<u>6.3</u>
<b>Annual Indicator</b>	<u>7.2</u>	<u>7.5</u>	<u>7.2</u>	<u>7.9</u>	<u>7.9</u>
<b>Numerator</b>	<u>284</u>	<u>297</u>	<u>293</u>	<u>333</u>	<u>333</u>
<b>Denominator</b>	<u>39,553</u>	<u>39,701</u>	<u>40,896</u>	<u>41,951</u>	<u>41,951</u>
<b>Data Source</b>					Kansas Vital Statistics, 2007
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

<b>Annual Objective and Performance Data</b>					
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	<u>6.1</u>	<u>6.1</u>	<u>6.1</u>	<u>6.1</u>	<u>6.1</u>
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

**1. Section Number:** Form12\_Outcome Measure 1

**Field Name:** OM01

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The 2008 column is populated with 2007 data. 2008 data will be available Fall 2009.

**2. Section Number:** Form12\_Outcome Measure 1

**Field Name:** OM01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Source: Kansas Annual Summary of Vital Statistics, 2007, Center for Health & Environmental Vital Statistics, KDHE

Numerator = Death certificate (resident) data, 2007, Center for Health & Environmental Statistics, KDHE

Denominator = Birth certificate (resident) data, 2007, Center for Health & Environmental Statistics, KDHE

**3. Section Number:** Form12\_Outcome Measure 1

**Field Name:** OM01

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source: Kansas Annual Summary of Vital Statistics, 2006, Center for Health & Environmental Vital Statistics, KDHE

Numerator = Death certificate (resident) data, 2006, Center for Health & Environmental Statistics, KDHE

Denominator = Birth certificate (resident) data, 2006, Center for Health & Environmental Statistics, KDHE

**OUTCOME MEASURE # 02**

The ratio of the black infant mortality rate to the white infant mortality rate.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	2.3	1.8	1.8	1.8	1.7
Annual Indicator	2.6	2.7	2.8	2.9	2.9
Numerator	16.7	17.3	17.5	19.6	19.6
Denominator	6.5	6.3	6.2	6.8	6.8

Data Source

Kansas Vital  
Statistics, 2007

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	1.7	1.6	1.6	1.6	1.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form12\_Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The 2008 column is populated with 2007 data. 2008 data will be available Fall 2009.

2. **Section Number:** Form12\_Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Source: Kansas Annual Summary of Vital Statistics, 2007, Center for Health & Environmental Vital Statistics, KDHE

For 2007, race and ethnicity is reported out an white non-Hispanic and black Non-Hispanic to more accurately reflect population numbers.

3. **Section Number:** Form12\_Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source: Kansas Annual Summary of Vital Statistics, 2006, Center for Health & Environmental Vital Statistics, KDHE

For 2006, race and ethnicity is reported out an white non-Hispanic and black Non-Hispanic to more accurately reflect population numbers.

**OUTCOME MEASURE # 03**

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	2.9	4.3	4.3	4.2	4.2
Annual Indicator	4.4	4.9	4.3	5.0	5.0
Numerator	176	196	176	211	211
Denominator	39,553	39,701	40,896	41,951	41,951
Data Source					Kansas Vital Statistics, 2007
Do not report the numerator because there were fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Enter the number of events in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>4.1</u>	<u>4.1</u>	<u>4</u>	<u>4</u>	<u>4</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

The 2008 column is populated with 2007 data. 2008 data will be available Fall 2009.

**2. Section Number:** Form12\_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source: Kansas Annual Summary of Vital Statistics, 2007, Center for Health &amp; Environmental Vital Statistics, KDHE

Numerator = Death certificate (resident) data, 2007, Center for Health &amp; Environmental Statistics, KDHE

Denominator = Birth certificate (resident) data, 2007, Center for Health &amp; Environmental Statistics, KDHE

**3. Section Number:** Form12\_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source: Kansas Annual Summary of Vital Statistics, 2006, Center for Health &amp; Environmental Vital Statistics, KDHE

Numerator = Death certificate (resident) data, 2006, Center for Health &amp; Environmental Statistics, KDHE

Denominator = Birth certificate (resident) data, 2006, Center for Health &amp; Environmental Statistics, KDHE



**OUTCOME MEASURE # 04**

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	1.2	2.1	2	2	1.9
Annual Indicator	2.7	2.5	2.9	2.9	2.9
Numerator	108	101	117	122	122
Denominator	39,553	39,701	40,896	41,951	41,951
Data Source					Kansas Vital Statistics, 2007
Do not report the numerator because there are fewer than 5 events over the last year, and the number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?	Final				Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	1.9	1.8	1.8	1.8	1.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 4

**Field Name:** OM04

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The 2008 column is populated with 2007 data. 2008 data will be available Fall 2009.

**2. Section Number:** Form12\_Outcome Measure 4

**Field Name:** OM04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Source: Kansas Annual Summary of Vital Statistics, 2007, Center for Health & Environmental Vital Statistics, KDHE

Numerator = Death certificate (resident) data, 2007, Center for Health & Environmental Statistics, KDHE

Denominator = Birth certificate (resident) data, 2007, Center for Health & Environmental Statistics, KDHE

**3. Section Number:** Form12\_Outcome Measure 4

**Field Name:** OM04

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source: Kansas Annual Summary of Vital Statistics, 2006, Center for Health & Environmental Vital Statistics, KDHE

Numerator = Death certificate (resident) data, 2006, Center for Health & Environmental Statistics, KDHE

Denominator = Birth certificate (resident) data, 2006, Center for Health & Environmental Statistics, KDHE

**OUTCOME MEASURE # 05**

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	5.5	5.8	5.8	5.7	5.7
Annual Indicator	6.1	6.9	6.6	6.8	6.8
Numerator	241	274	271	286	286
Denominator	39,463	39,822	41,030	42,074	42,074
Data Source					Kansas Vital Statistics, 2007
Do not report the numerator because there were fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
If you cannot report the numerator because of the reasons above, explain in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>5.7</u>	<u>5.6</u>	<u>5.6</u>	<u>5.6</u>	<u>5.6</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 5**Field Name:** OM05**Row Name:****Column Name:****Year:** 2008**Field Note:**

The 2008 column is populated with 2007 data. 2008 data will be available Fall 2009.

**2. Section Number:** Form12\_Outcome Measure 5**Field Name:** OM05**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source: Kansas Annual Summary of Vital Statistics, 2007, Center for Health & Environmental Vital Statistics, KDHE

Numerator = Death certificate (resident) data, 2007, Center for Health & Environmental Statistics, KDHE

Denominator = Birth certificate (resident) data, 2007, Center for Health & Environmental Statistics, KDHE

**3. Section Number:** Form12\_Outcome Measure 5**Field Name:** OM05**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source: Kansas Annual Summary of Vital Statistics, 2006, Center for Health & Environmental Vital Statistics, KDHE

Numerator = Death certificate (resident) data, 2006, Center for Health & Environmental Statistics, KDHE

Denominator = Birth certificate (resident) data, 2006, Center for Health & Environmental Statistics, KDHE

**OUTCOME MEASURE # 06**

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	20	23	23	22	22
Annual Indicator	24.9	23.0	20.8	18.7	18.7
Numerator	131	119	111	100	100
Denominator	525,476	516,743	534,638	534,907	534,907
Data Source					Kansas Vital Statistics, 2007
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	18	18	17	17	17
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The 2008 column is populated with 2007 data. 2008 data will be available Fall 2009.

**2. Section Number:** Form12\_Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Source: Kansas Annual Summary of Vital Statistics, 2007, Center for Health & Environmental Vital Statistics, KDHE

**3. Section Number:** Form12\_Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source: Kansas Annual Summary of Vital Statistics, 2006, Center for Health & Environmental Vital Statistics, KDHE

**FORM 13**  
**CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS**  
**STATE: KS**

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

1

4. Family members are involved in service training of CSHCN staff and providers.

1

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

2

6. Family members of diverse cultures are involved in all of the above activities.

2

**Total Score:** 12

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

**FORM NOTES FOR FORM 13**

None

**FIELD LEVEL NOTES**

None

**FORM 14**  
**LIST OF MCH PRIORITY NEEDS**

[Sec. 505(a)(5)]

**STATE: KS FY: 2010**

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Increase early and comprehensive health care before, during, and after pregnancy.
2. Reduce premature births and low birthweight.
3. Increase breastfeeding.
4. Improve behavioral/mental health status of children and adolescents.
5. Reduce overweight among children and adolescents.
6. Reduce preventable injuries and deaths among children and adolescents.
7. Increase care within a medical home for CSHCN.
8. Improve transitional service systems for CSHCN.
9. Decrease financial impact on CSHCN and their families.
- 10.

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None

**FORM 15**  
**TECHNICAL ASSISTANCE(TA) REQUEST**

STATE: KS

APPLICATION YEAR: 2010

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	<b>National Performance Measure Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>1</u>	Infant Mortality - disparities NOMs 1-5	Responsible for Blue Ribbon Panel on Infant Mortality	FIMR
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			



	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

**FORM NOTES FOR FORM 15**

None

**FIELD LEVEL NOTES**

None

**FORM 16**  
**STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: KS**

SP # 1

**PERFORMANCE MEASURE:**

The percent of women in their reproductive years with public or private health insurance coverage

**STATUS:**

Active

**GOAL**

All women receive early and comprehensive health care before, during and after pregnancy.

**DEFINITION**

N/A

**Numerator:**

The number of female residents ages 18-44 who report they have health care coverage in the time period.

**Denominator:**

The number of female residents ages 18-44 in the time period.

**Units:** 100   **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

1-1: Increase the proportion of persons with health insurance to 100%.

**DATA SOURCES AND DATA ISSUES**

Behavioral Risk Factor Surveillance System. Weighted data. Usual biases with self-reporting apply.

**SIGNIFICANCE**

Access to health services including preventive, primary care, and tertiary care often depends on whether a person has health insurance. NHIS data show that Medicaid expansions lead to increases in enrollment and enhanced utilization of services. Kansas Medicaid eligibility is at the federally required minimum for women of reproductive age, regardless of pregnancy status.

SP # 2

**PERFORMANCE MEASURE:**

The percent of women who report cigarette smoking during pregnancy

**STATUS:**

Active

**GOAL**

Reduce preterm births and low birth weight.

**DEFINITION**

N/A

**Numerator:**

Number of resident live births with tobacco use indicated on the certificate of live birth in the reported time period.

**Denominator:**

Number of resident live births in the reported time period.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

16-17c. Increase abstinence from cigarettes among pregnant women to 99%.  
The U.S. baseline was 13% of pregnant women reported cigarette smoking (1998).

**DATA SOURCES AND DATA ISSUES**

Kansas Vital Statistics. While prenatal smoking is believed to be somewhat underreported on the certificate of live birth, the trends and variations in maternal smoking based on birth certificate data have been largely corroborated by data from nationally representative surveys.

**SIGNIFICANCE**

Cigarette smoking during pregnancy adversely affects the health of both mother and child. The risk for adverse maternal conditions (e.g., premature rupture of membranes, abruption placentae, and placenta previa) and poor pregnancy outcomes (e.g., neonatal mortality and stillbirth, preterm delivery, and sudden infant death syndrome) is increased by maternal smoking. Infants born to mothers who smoke weigh less than other infants, and low birthweight (<2,500 grams) is a key predictor for infant mortality. Kansas baseline for 2003 is 12.1% of pregnant women smoked cigarettes per Perinatal Casualty Report.

SP # 3

**PERFORMANCE MEASURE:**

The percent of mothers who breastfeed their infants at least 6 months

**STATUS:**

Active

**GOAL**

Increase the incidence and duration of breastfeeding.

**DEFINITION**

Breastfeeding is defined as including any amount of breast milk in the infant's diet.

**Numerator:**

Unduplicated number of infants who turned 6 months of age during the reporting period by/on their date of visit who breastfeed at least 6 months.

**Denominator:**

Unduplicated number of infants who turned 6 months of age during the reporting period by/on their date of visit.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

16 -19: Increase the proportion of mothers who breastfeed their babies at least 6 months

**DATA SOURCES AND DATA ISSUES**

Pediatric Nutrition Surveillance System (PedNSS), CDC, Kansas WIC program. This data represents Kansas families with incomes below 185% of the poverty level.

**SIGNIFICANCE**

Studies show that breastfed infants have improved health and reduced medical costs. Breast milk lowers the risk of the baby developing asthma, ear infections, respiratory infections, and obesity. Studies also show reduced Medicaid expenditures for breastfed babies of \$478 during the first 6 months of life. Breastfeeding also strengthens the nurturing relationship between a mother and her child, promoting stronger family bonds and positive self-esteem for mothers. The American Academy of Pediatrics (AAP) recommends that an infant be breastfed without supplemental foods and liquids for the first 6 months of age (known as exclusive breastfeeding). Baseline: 2003 NIS data, CDC - 37.3% of Kansas women were breastfeeding at 6 months. 2003 PedNSS data for Kansas WIC program - 19.6% of WIC women were breastfeeding at 6 months.

SP # 4

**PERFORMANCE MEASURE:**

The percent of children and adolescents that receive behavioral/mental health services

**STATUS:**

Active

**GOAL**

To improve access to behavioral/mental health services for children and adolescents.

**DEFINITION**

N/A

**Numerator:**

Number of children and adolescents (ages 0-21) that receive behavioral/mental health services through Kansas community mental health centers

**Denominator:**

Number of children and adolescents (ages 0-21) in Kansas in the reporting period.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

18-6. Increase mental health screening and assessment in primary care

18-7. Increase proportion children with mental health problems getting treatment

**DATA SOURCES AND DATA ISSUES**

Kansas Department of Social and Rehabilitation Services, Community Mental Health Center data

**SIGNIFICANCE**

Significance: The Surgeon General's Report on mental health indicates that about 20 percent of children have mental disorders with at least a mild functional impairment. Additionally, about 11% of these children are diagnosed, but not treated. Kansas MCH improves screening of children and youth in school and public health settings by providing training and support to professionals.

SP # 5

**PERFORMANCE MEASURE:**

The percent of children who are overweight

**STATUS:**

Active

**GOAL**

Reduce the percent of children who are overweight.

**DEFINITION**

Overweight is defined as children with BMI-for-age  $\geq$  95th percentile.

**Numerator:**

Unduplicated number of enrolled WIC participant children ages 2-<5 at  $\geq$  95 percentile during the reporting period.

**Denominator:**

Unduplicated number of enrolled WIC participant children ages 2-<5 during the reporting period.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

19-3. Reduce the proportion of children and adolescents who are overweight or obese to 5%.

**DATA SOURCES AND DATA ISSUES**

Pediatric Nutrition Surveillance System (PedNSS), CDC, Kansas WIC Program - Table 2C, Summary of Health Indicators Children ages 2-<5. Kansas baseline is 12.6% in 2003.

**SIGNIFICANCE**

Maintenance of healthy weight is a major goal to reduce the burden of illness and its consequent reduction in quality of life and life expectancy. Patterns of healthful eating behavior need to begin in childhood and be maintained throughout adulthood. Overweight and obesity acquired during childhood or adolescence may persist into adulthood and increase the risk for some chronic diseases later in life.

SP # 6

**PERFORMANCE MEASURE:**

The rate of adolescent deaths due to motor vehicle crashes when using no seat belt

**STATUS:**

Active

**GOAL**

Reduce preventable injuries and deaths among children and adolescents.

**DEFINITION**

N/A

**Numerator:**

Number of deaths to adolescents ages 15-19 caused by motor vehicle crashes when using no seat belt.

**Denominator:**

Number of adolescents in Kansas ages 15-19 in the reporting calendar year.

**Units:** 100000 **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE**

15-15. Reduce deaths caused by motor vehicle crashes

**DATA SOURCES AND DATA ISSUES**

Fatal Accident Reporting System (FARS), U.S. Department of Transportation. This data excludes occupants in motor vehicle types such as buses, motorcycles, mopeds, all-terrain vehicles, snowmobiles, farm equipment, and unknown body types.

**SIGNIFICANCE**

Unintentional injuries are the leading cause of death for Kansas adolescents and injuries, both intentional and unintentional, are the most significant health problem affecting Kansas youth.



SP # 7

**PERFORMANCE MEASURE:**

The percent of infants with special health care needs who receive care within a medical home

**STATUS:**

Active

**GOAL**

Increase the number of infants with special health care needs who have a medical home.

**DEFINITION**

This SPM was chosen in order to measure infants and medical home status as the NPM already measures children 0-18.

**Numerator:**

The number of infants with special health care needs in the State identified by vital data base who have a medical home during the reporting period.

**Denominator:**

The number of infants with special health care needs in the State identified during the reporting period.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

16.22: (Developmental) Care within a medical home

Increase the proportion of children with special health care needs who have access to a medical home.

**DATA SOURCES AND DATA ISSUES**

Vital export file used to survey families with high risk infants.

**SIGNIFICANCE**

Providing primary care to infants in a "medical home" is the standard of practice. Research indicates that children with a stable and continuous source of health care are more likely to receive appropriate preventive care and immunizations, are less likely to be hospitalized for preventable conditions, and are more likely to be diagnosed early for chronic or disabling conditions.

SP # 8

**PERFORMANCE MEASURE:**

The percent of youths with special health care needs who receive transition services to adult medical care

**STATUS:**

Active

**GOAL**

Increase the percent of youth with special health care needs, age 13 to 21, who have received the services necessary to transition to adult medical care.

**DEFINITION**

This SPM was chosen to specifically measure the transition to medical care age 13 to 25. The Kansas CSHCN program serves children up to age 21. NPM 6 looks at the broad definition of transition (health care, work and independence) for children 0-18.

**Numerator:**

Number of youth with special health care needs surveyed in the State age 13 to 25 whose doctors discussed shift to adult provider or who already see an adult provider.

**Denominator:**

Number of youth with special health care needs surveyed in the State age 13 to 25 during the reporting period.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

16.23 Transitional service systems

Increase the proportion of States and jurisdictions that have service systems for children with or at risk for chronic and disabling conditions as required by Public Law 101-239.

**DATA SOURCES AND DATA ISSUES**

CSHCN Speciality Clinic database and survey of youth/families.

**SIGNIFICANCE**

The transition of youth to adulthood has become a priority issue nationwide as evidenced by the President's "New Freedom Initiative: Delivering on the Promise" (March 2002). Over 90% of CSHCN now live to adulthood, but are less likely than their non-disabled peers to complete high school, attend college or to be employed. Health and health care are cited as two of the major barriers to making successful transitions.

SP # 9

**PERFORMANCE MEASURE:**

The percent of CSHCN families that experience financial problems due to the child's health needs

**STATUS:**

Active

**GOAL**

Decrease the financial impact of special health care needs upon families.

**DEFINITION**

During the Kansas MCH needs assessment this measure was chosen as a priority for the next five years.

**Numerator:**

The number of children with special health care needs in the State whose families experienced financial problems due to child's health needs during the reporting period.

**Denominator:**

The number of children with special health care needs in the State during the reporting period.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

16.23 Service systems

Increase the proportion of States and jurisdictions that have service systems for children with or at risk for chronic and disabling conditions as required by Public Law 101-239.

**DATA SOURCES AND DATA ISSUES**

National CSHCN Survey, 2001

**SIGNIFICANCE**

Having a child with special health care needs can affect a family's finances, employment status, and mental health. The demands on families may require that parents cut down their work hours or give up a job, at the same time that they face burdensome out-of-pocket health care costs.

**FORM NOTES FOR FORM 16**

None

**FIELD LEVEL NOTES**

None

**FORM 17**  
**HEALTH SYSTEMS CAPACITY INDICATORS**  
**FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA**  
**STATE: KS**

**Form Level Notes for Form 17**

None

**HEALTH SYSTEMS CAPACITY MEASURE # 01**

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	33.5	31.3	33.4	33.1	33.1
<b>Numerator</b>	632	588	649	649	649
<b>Denominator</b>	188,782	187,949	194,100	196,138	196,138

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The 2008 column is populated with 2007 data. 2008 data will be available Spring 2010.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Source: Kansas hospital discharge data, Kansas Hospital Association. Accessed through the Center for Health and Environmental Statistics, KDHE.

Data includes hospital discharges of Kansas residents from non-federal and non-state short-term (average length of stay less than 30 days) general and specialty hospitals whose facilities are open to the general public. Only discharges with asthma as a primary diagnosis were included.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source: Kansas hospital discharge data, Kansas Hospital Association. Accessed through the Center for Health and Environmental Statistics, KDHE.

Data includes hospital discharges of Kansas residents from non-federal and non-state short-term (average length of stay less than 30 days) general and specialty hospitals whose facilities are open to the general public. Only discharges with asthma as a primary diagnosis were included.

**HEALTH SYSTEMS CAPACITY MEASURE # 02**

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>88.4</u>	<u>87.6</u>	<u>88.7</u>	<u>89.4</u>	<u>89.4</u>
<b>Numerator</b>	<u>15,765</u>	<u>16,457</u>	<u>16,834</u>	<u>17,140</u>	<u>17,295</u>
<b>Denominator</b>	<u>17,841</u>	<u>18,778</u>	<u>18,968</u>	<u>19,177</u>	<u>19,351</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

DATA SOURCE: Kansas Medical Assistance Program reporting system, KAN-Be-Healthy annual participation report, report period: 10/1/2007-09/30/2008 (FFY 2008).

Numerator=Total eligibles receiving at least one initial or periodic screen.

Denominator=Total eligibles who should receive at least one initial or periodic screen.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Source: Kansas Medical Assistance Program reporting system, KAN-Be-Healthy annual participation report, report period: 10/1/2006-09/30/2007 (FFY 2007)

Numerator=Total eligibles receiving at least one initial or periodic screen.

Denominator=Total eligibles who should receive at least one initial or periodic screen.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source: Kansas Medical Assistance Program reporting system, KAN-Be-Healthy annual participation report, report period: 10/1/2005-09/30/2006 (FFY 2006)

Numerator=Total eligibles receiving at least one initial or periodic screen.

Denominator=Total eligibles who should receive at least one initial or periodic screen.

**HEALTH SYSTEMS CAPACITY MEASURE # 03**

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>80.1</u>	<u>70.3</u>	<u>67.4</u>	<u>38.3</u>	<u>66.0</u>
<b>Numerator</b>	<u>313</u>	<u>289</u>	<u>244</u>	<u>158</u>	<u>268</u>
<b>Denominator</b>	<u>391</u>	<u>411</u>	<u>362</u>	<u>412</u>	<u>406</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data Source: Kansas Medical Assistance Program reporting system, Well Child for HW21 report, report period: 10/1/2007-09/30/2008 (FFY 2008)

Numerator=Total eligibles receiving at least one initial or periodic screen.

Denominator=Total eligibles who should receive at least one initial or periodic screen.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Source: Kansas Medical Assistance Program reporting system, Well Child for HW21 report, report period: 10/1/2006-09/30/2007 (FFY 2007)

Numerator=Total eligibles receiving at least one initial or periodic screen.

Denominator=Total eligibles who should receive at least one initial or periodic screen.

SCHIP was temporarily impacted by the DRA citizenship documentation requirements during SFYs 06 and 07. It reduced the number of enrollees, delayed reauthorization of cases, and likely lowered the number of services provided.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source: Kansas Medical Assistance Program reporting system, Well Child for HW21 report, report period: 10/1/2005-09/30/2006 (FFY 2006)

Numerator=Total eligibles receiving at least one initial or periodic screen.

Denominator=Total eligibles who should receive at least one initial or periodic screen.

**HEALTH SYSTEMS CAPACITY MEASURE # 04**

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>81.4</u>	<u>79.2</u>	<u>78.5</u>	<u>77.4</u>	<u>77.4</u>
<b>Numerator</b>	<u>31,854</u>	<u>28,283</u>	<u>28,831</u>	<u>30,175</u>	<u>30,175</u>
<b>Denominator</b>	<u>39,150</u>	<u>35,724</u>	<u>36,734</u>	<u>38,963</u>	<u>38,963</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The 2008 column is populated with 2007 data. 2008 data will be available Fall 2009.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Source: Center for Health & Environmental Vital Statistics, KDHE

Numerator = Number of resident women (15-44) during the reporting calendar year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

Denominator = All resident women (15-44) with a live birth during the reporting calendar year for which prenatal visits, date of first prenatal visit and date of last menses were reported on the birth certificate.

Data reliability is a concern for 2007 due to the high percent of missing data (date of first prenatal visit and date of last menses).

3. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source: Center for Health & Environmental Vital Statistics, Kansas Department of Health & Environment.

Numerator = Number of resident women (15-44) during the reporting calendar year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

Denominator = All resident women (15-44) with a live birth during the reporting calendar year for which prenatal visits, date of first prenatal visit and date of last menses were reported on the birth certificate.

Data reliability is a concern for 2006 due to the high percent of missing data (date of first prenatal visit and date of last menses).



**HEALTH SYSTEMS CAPACITY MEASURE # 07A**

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>94.8</u>	<u>75.5</u>	<u>95.7</u>	<u>93.6</u>	<u>88.1</u>
<b>Numerator</b>	<u>254,310</u>	<u>196,212</u>	<u>220,505</u>	<u>218,191</u>	<u>220,077</u>
<b>Denominator</b>	<u>268,158</u>	<u>259,866</u>	<u>230,444</u>	<u>233,207</u>	<u>249,728</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes****1. Section Number:** Form17\_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

The numerator and denominator are entered in reverse. This causes the percentage to exceed 100%.

Data Source: Medicaid paid claims data file, Kansas Health Policy Authority (calendar year 2008).

Numerator = # of unduplicated consumers = 249,728

Denominator = # of unduplicated Medicaid beneficiaries = 220,077

Percent = 113.5%

Consumer is any person with a paid service during a time period (including capitation payments for managed care plans which may not indicate actual utilization of services), and that Kansas has a 12-month timely filling requirement, so services performed in 2006 can be paid in 2007, and services in 2007 can be paid in 2008. Therefore, consumer counts are higher than beneficiary counts.

**2. Section Number:** Form17\_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

The numerator and denominator are entered in reverse. This causes the percentage to exceed 100%.

Data Source: Medicaid paid claims data file, Kansas Health Policy Authority (calendar year 2007).

Numerator = # of unduplicated consumers = 233,207

Denominator = # of unduplicated Medicaid beneficiaries = 218,191

Percent = 106.9%

Consumer is any person with a paid service during a time period (including capitation payments for managed care plans which may not indicate actual utilization of services), and that Kansas has a 12-month timely filling requirement, so services performed in 2006 can be paid in 2007, and services in 2007 can be paid in 2008. Therefore, consumer counts are higher than beneficiary counts.

**3. Section Number:** Form17\_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source: Medicaid paid claims data file, Kansas Health Policy Authority (calendar year 2006).

Numerator = # Medicaid enrollees (age1-21) who received a service during the reporting year.

Denominator = # Medicaid enrollees (age1-21) during the reporting year.

**HEALTH SYSTEMS CAPACITY MEASURE # 07B**

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

		<b>Annual Indicator Data</b>			
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>47.2</u>	<u>50.5</u>	<u>53.0</u>	<u>53.8</u>	<u>56.3</u>
<b>Numerator</b>	<u>18,650</u>	<u>20,835</u>	<u>22,649</u>	<u>22,791</u>	<u>24,094</u>
<b>Denominator</b>	<u>39,480</u>	<u>41,252</u>	<u>42,710</u>	<u>42,376</u>	<u>42,826</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Final

**Field Level Notes****1. Section Number:** Form17\_Health Systems Capacity Indicator #07B**Field Name:** HSC07B**Row Name:****Column Name:****Year:** 2008**Field Note:**

DATA SOURCE: Kansas Medical Assistance Program reporting system, KAN-Be-Healthy annual participation report, report period: 10/1/2007-09/30/2008 (FFY 2008)

Numerator=Number of eligible receiving any dental services.

Denominator=Number of individuals eligible for Kan Be Healthy.

**2. Section Number:** Form17\_Health Systems Capacity Indicator #07B**Field Name:** HSC07B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source: Kansas Medical Assistance Program reporting system, KAN-Be-Healthy annual participation report, report period: 10/1/2006-09/30/2007 (FFY 2007)

Numerator=Number of eligible receiving any dental services.

Denominator=Number of individuals eligible for Kan Be Healthy.

**3. Section Number:** Form17\_Health Systems Capacity Indicator #07B**Field Name:** HSC07B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source: Kansas medical assistance program reporting system, KAN Be Healthy annual participation report, report period: 10/1/2005-09/30/2006 (FFY 2006)

Numerator=Number of eligible receiving any dental services.

Denominator=Number of individuals eligible for Kan Be Healthy.

**HEALTH SYSTEMS CAPACITY MEASURE # 08**

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>42.5</u>	<u>36.2</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
<b>Numerator</b>	<u>2,499</u>	<u>2,196</u>	<u>6,790</u>	<u>6,335</u>	<u>6,822</u>
<b>Denominator</b>	<u>5,875</u>	<u>6,072</u>	<u>6,790</u>	<u>6,335</u>	<u>6,822</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

**1. Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

DATA SOURCE: Healthy and Ready to Work National Resource Center. Table—Number and percentage distribution of children in Kansas receiving federally administered SSI payments, by selected characteristics, December 2008. Further information can be found at <http://www.hrtw.org/youth/data.html#ssi>

Title V no longer has access to SSA Data. Starting FY2006, a proxy measure is used. All children 16 years or less who are SSI recipients are required to enroll in Medicaid. It assumed that enrollees receive rehabilitative services.

**2. Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Title V no longer has access to SSA Data. Starting FY2006, a program measure is used. All children 16 years or less who are SSI recipients are required to enroll in Medicaid. It assumed that enrollees receive rehabilitative services.

**3. Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source: Numerator=Social Security Administration, December 2006.

Denominator=Social Security Administration, December 2006.

Reporting mechanism has changed due to the fact that SSA no longer allows monthly printouts and disability determinations be sent to the CSHCN program. All clients receiving SSI are eligible for Medicaid in Kansas and therefore have access to needed rehabilitation services through Medicaid coverage.

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #05**  
**(MEDICAID AND NON-MEDICAID COMPARISON)**  
**STATE: KS**

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (&lt; 2,500 grams)</i>	2007	Payment source from birth certificate	<u>8.6</u>	<u>6.5</u>	<u>7.1</u>
b) <i>Infant deaths per 1,000 live births</i>	2007	Matching data files	<u>9.2</u>	<u>7</u>	<u>7.5</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2007	Payment source from birth certificate	<u>56.8</u>	<u>75.7</u>	<u>68.4</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2007	Payment source from birth certificate	<u>63.4</u>	<u>78.7</u>	<u>72</u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)**  
**STATE: KS**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL MEDICAID</b> (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2008	<u>150</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u> ) (Age range <u>6</u> to <u>18</u> ) (Age range <u>    </u> to <u>    </u> )	2008	<u>133</u> <u>100</u> <u>    </u>
c) <i>Pregnant Women</i>	2008	<u>150</u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)**  
**STATE: KS**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL SCHIP</b>
a) <i>Infants (0 to 1)</i>	2008	<u>200</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u> ) (Age range <u>6</u> to <u>18</u> ) (Age range <u>    </u> to <u>    </u> )	2008	<u>200</u> <u>200</u> <u>    </u>
c) <i>Pregnant Women</i>	2008	<u>200</u>

## FORM NOTES FOR FORM 18

None

### FIELD LEVEL NOTES

1. **Section Number:** Form18\_Indicator 06 - Medicaid  
**Field Name:** Med\_Infant  
**Row Name:** Infants  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE:  
Kansas Health Policy Authority. Medicaid program eligibility requirements.
2. **Section Number:** Form18\_Indicator 06 - Medicaid  
**Field Name:** Med\_Children  
**Row Name:** Medicaid Children  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE:  
Kansas Health Policy Authority. Medicaid program eligibility requirements.
3. **Section Number:** Form18\_Indicator 06 - Medicaid  
**Field Name:** Med\_Women  
**Row Name:** Pregnant Women  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE:  
Kansas Health Policy Authority. Medicaid program eligibility requirements.
4. **Section Number:** Form18\_Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Infant  
**Row Name:** Infants  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE:  
Kansas Health Policy Authority. Healthwave program eligibility requirements.
5. **Section Number:** Form18\_Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Children  
**Row Name:** SCHIP Children  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE:  
Kansas Health Policy Authority. Healthwave program eligibility requirements.
6. **Section Number:** Form18\_Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Women  
**Row Name:** Pregnant Women  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE:  
Kansas Health Policy Authority. Healthwave program eligibility requirements.
7. **Section Number:** Form18\_Indicator 05  
**Field Name:** LowBirthWeight  
**Row Name:** Percent of ow birth weight (<2,500 grams)  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data source: Birth certificate (resident) data, 2007. Center for Health and Environmental Statistics, KDHE. Live births are excluded when the prenatal care start dates and/or payor source are unknown or missing.
8. **Section Number:** Form18\_Indicator 05  
**Field Name:** InfantDeath  
**Row Name:** Infant deaths per 1,000 live births  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data source: Linked death and birth file, 2007 death cohort. Center for Health and Environmental Statistics, KDHE.
9. **Section Number:** Form18\_Indicator 05  
**Field Name:** CareFirstTrimester  
**Row Name:** Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data source: Birth certificate (resident) data, 2007. Center for Health and Environmental Statistics, KDHE. Live births are excluded when the prenatal care start dates and/or payor source are unknown or missing.
10. **Section Number:** Form18\_Indicator 05  
**Field Name:** AdequateCare  
**Row Name:** Percent of pregnant women with adequate prenatal care  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data source: Birth certificate (resident) data, 2007. Center for Health and Environmental Statistics, KDHE. Live births are excluded when the prenatal care start dates and/or payor source are unknown or missing.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: KS**

**HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)**  
*(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)*

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
<b>ANNUAL DATA LINKAGES</b>		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	3	Yes
Annual linkage of birth certificates and WIC eligibility files	3	No
Annual linkage of birth certificates and newborn screening files	3	Yes
<b>REGISTRIES AND SURVEYS</b>		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	2	Yes
Survey of recent mothers at least every two years (like PRAMS)	1	No

\*Where:

- 1 = No, the MCH agency does not have this ability.  
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.  
3 = Yes, the MCH agency always has this ability.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: KS**

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other: Kansas Youth Tobacco Survey	3	Yes

\*Where:  
1 = No  
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.  
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

**Notes:**  
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.



## FORM NOTES FOR FORM 19

None

### FIELD LEVEL NOTES

1. **Section Number:** Form19\_Indicator 09A  
**Field Name:** BAD  
**Row Name:** Annual linkage of infant birth and infant death certificates  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Kansas State System Development Initiative, KDHE
2. **Section Number:** Form19\_Indicator 09A  
**Field Name:** BAW  
**Row Name:** Annual linkage of birth certificates and WIC eligibility files  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Kansas State System Development Initiative, KDHE
3. **Section Number:** Form19\_Indicator 09A  
**Field Name:** BAN  
**Row Name:** Annual linkage of birth certificates and newborn screening files  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Kansas State System Development Initiative, KDHE
4. **Section Number:** Form19\_Indicator 09A  
**Field Name:** Discharge  
**Row Name:** Hospital discharge survey for at least 90% of in-State discharges  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Kansas State System Development Initiative, KDHE
5. **Section Number:** Form19\_Indicator 09A  
**Field Name:** BirthDefects  
**Row Name:** Annual birth defects surveillance system  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Kansas State System Development Initiative, KDHE
6. **Section Number:** Form19\_Indicator 09A  
**Field Name:** RecentMother  
**Row Name:** Survey of recent mothers at least every two years (like PRAMS)  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Kansas State System Development Initiative, KDHE
7. **Section Number:** Form19\_Indicator 09B  
**Field Name:** YRBSS\_09B  
**Row Name:** Youth Risk Behavior Survey (YRBS)  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Kansas State System Development Initiative, KDHE
8. **Section Number:** Form19\_Indicator 09B  
**Field Name:** Other1\_09B  
**Row Name:** Other  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Kansas State System Development Initiative, KDHE
9. **Section Number:** Form19\_Indicator 09A  
**Field Name:** BAM  
**Row Name:** Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Kansas State System Development Initiative, KDHE

**FORM 20**  
**HEALTH STATUS INDICATORS #01-#05**  
**MULTI-YEAR DATA**  
**STATE: KS**

**Form Level Notes for Form 11**

None

**HEALTH STATUS INDICATOR MEASURE # 01A**

The percent of live births weighing less than 2,500 grams.

	2004	2005	<u>Annual Indicator Data</u>		2008
	2006	2007			
Annual Indicator	7.3	7.2	7.2	7.1	7.1
Numerator	2,890	2,852	2,942	2,982	2,982
Denominator	39,553	39,701	40,896	41,951	41,951

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The 2008 column is populated with 2007 data. 2008 data will be available Fall 2009.

2. **Section Number:** Form20\_Health Status Indicator #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Source: Kansas 2007 Annual Summary of Vital Statistics, Center for Health & Environmental Statistics, KDHE

3. **Section Number:** Form20\_Health Status Indicator #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source: Kansas 2006 Annual Summary of Vital Statistics, Center for Health & Environmental Statistics, KDHE

**HEALTH STATUS INDICATOR MEASURE # 01B**

The percent of live singleton births weighing less than 2,500 grams.

		<b>Annual Indicator Data</b>			
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>5.6</u>	<u>5.5</u>	<u>5.7</u>	<u>5.5</u>	<u>5.5</u>
<b>Numerator</b>	<u>2,136</u>	<u>2,117</u>	<u>2,271</u>	<u>2,244</u>	<u>2,244</u>
<b>Denominator</b>	<u>38,298</u>	<u>38,405</u>	<u>39,673</u>	<u>40,630</u>	<u>40,630</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2008**Field Note:**

The 2008 column is populated with 2007 data. 2008 data will be available Fall 2009.

**2. Section Number:** Form20\_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source: Birth certificate (resident) data, 2007, Center for Health &amp; Environmental Statistics, KDHE

**3. Section Number:** Form20\_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source: Birth certificate (resident) data, 2006, Center for Health &amp; Environmental Statistics, KDHE

**HEALTH STATUS INDICATOR MEASURE # 02A**

The percent of live births weighing less than 1,500 grams.

		<b>Annual Indicator Data</b>			
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>1.4</u>	<u>1.3</u>	<u>1.3</u>	<u>1.4</u>	<u>1.4</u>
<b>Numerator</b>	<u>547</u>	<u>534</u>	<u>529</u>	<u>573</u>	<u>573</u>
<b>Denominator</b>	<u>39,553</u>	<u>39,701</u>	<u>40,896</u>	<u>41,951</u>	<u>41,951</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

**Field Level Notes**

- Section Number:** Form20\_Health Status Indicator #02A  
**Field Name:** HSI02A  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 The 2008 column is populated with 2007 data. 2008 data will be available Fall 2009.
- Section Number:** Form20\_Health Status Indicator #02A  
**Field Name:** HSI02A  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Data Source: Kansas 2007 Annual Summary of Vital Statistics, Table 19, Center for Health & Environmental Statistics, Kansas Department of Health and Environment.
- Section Number:** Form20\_Health Status Indicator #02A  
**Field Name:** HSI02A  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 Data Source: Kansas 2006 Annual Summary of Vital Statistics, Table 18, Center for Health & Environmental Statistics, Kansas Department of Health and Environment.

**HEALTH STATUS INDICATOR MEASURE # 02B**

The percent of live singleton births weighing less than 1,500 grams.

		<b>Annual Indicator Data</b>			
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>1.0</u>	<u>1.0</u>	<u>1.0</u>	<u>1.0</u>	<u>1.0</u>
<b>Numerator</b>	<u>388</u>	<u>376</u>	<u>396</u>	<u>421</u>	<u>421</u>
<b>Denominator</b>	<u>38,298</u>	<u>38,405</u>	<u>39,673</u>	<u>40,630</u>	<u>40,630</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #02B

**Field Name:** HSI02B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The 2008 column is populated with 2007 data. 2008 data will be available Fall 2009.

**2. Section Number:** Form20\_Health Status Indicator #02B

**Field Name:** HSI02B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Source: Birth certificate (resident) data, 2007, Center for Health & Environmental Statistics, KDHE

**3. Section Number:** Form20\_Health Status Indicator #02B

**Field Name:** HSI02B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source: Birth certificate (resident) data, 2006, Center for Health & Environmental Statistics, KDHE

**HEALTH STATUS INDICATOR MEASURE # 03A**

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	10.8	10.3	10.6	9.7	9.7
<b>Numerator</b>	61	57	61	56	56
<b>Denominator</b>	564,421	555,339	574,097	575,333	575,333

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

**1. Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The 2008 column is populated with 2007 data. 2008 data will be available Fall 2009.

**2. Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Source: Kansas 2007 Annual Summary of Vital Statistics, Table 56, Center for Health & Environmental Statistics, Kansas Department of Health And Environment.

Numerator: Number of deaths from all unintentional injuries ( ICD-10 Coding, V01-X59, and Y85-Y86) for children (residents) aged 14 years and younger for the reporting period.

Denominator: Number of children (residents) aged 14 years and younger for the reporting period. 2000 US Census (Bridged-Race Vintage series)

**3. Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source: Kansas 2006 Annual Summary of Vital Statistics, Table 55, Center for Health & Environmental Statistics, Kansas Department of Health And Environment.

Numerator: Number of deaths from all unintentional injuries ( ICD-10 Coding, V01-X59, and Y85-Y86) for children (residents) aged 14 years and younger for the reporting period.

Denominator: Number of children (residents) aged 14 years and younger for the reporting period. 2000 US Census (Bridged-Race Vintage series)

**HEALTH STATUS INDICATOR MEASURE # 03B**

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>5.1</u>	<u>5.9</u>	<u>4.0</u>	<u>3.7</u>	<u>3.7</u>
<b>Numerator</b>	<u>29</u>	<u>33</u>	<u>23</u>	<u>21</u>	<u>21</u>
<b>Denominator</b>	<u>564,421</u>	<u>555,339</u>	<u>574,097</u>	<u>575,333</u>	<u>575,333</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

**1. Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The 2008 column is populated with 2007 data. 2008 data will be available Fall 2009.

**2. Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Numerator: Number of deaths from all unintentional injuries due to motor vehicle crashes for children (residents) aged 14 years and younger for the reporting period. Data Source: Kansas 2007 Annual Summary of Vital Statistics, Table 56, Center for Health & Environmental Statistics, Kansas Department of Health And Environment.

Denominator: Number of children (residents) aged 14 years and younger for the reporting period. Data Source: 2000 US Census (Bridged-Race Vintage series)

**3. Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Numerator: Number of deaths from all unintentional injuries ( ICD-10 Coding, V01-X59, and Y85-Y86) for children (residents) aged 14 years and younger for the reporting period. Data Source: Kansas 2006 Annual Summary of Vital Statistics, Table 55, Center for Health & Environmental Statistics, Kansas Department of Health And Environment.

Denominator: Number of children (residents) aged 14 years and younger for the reporting period. Data Source: 2000 US Census (Bridged-Race Vintage series)

**HEALTH STATUS INDICATOR MEASURE # 03C**

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>28.2</u>	<u>31.2</u>	<u>28.9</u>	<u>24.8</u>	<u>24.8</u>
<b>Numerator</b>	<u>118</u>	<u>130</u>	<u>120</u>	<u>102</u>	<u>102</u>
<b>Denominator</b>	<u>418,546</u>	<u>416,292</u>	<u>414,560</u>	<u>410,696</u>	<u>410,696</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The 2008 column is populated with 2007 data. 2008 data will be available Fall 2009.

2. **Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Numerator: Number of deaths from all unintentional injuries due to motor vehicle crashes for youth (residents) aged 15 through 24 years for the reporting period. Data Source: Kansas 2007 Annual Summary of Vital Statistics, Table 56, Center for Health & Environmental Statistics, Kansas Department of Health And Environment.

Denominator: Number of children (residents) aged 15 through 24 years for the reporting period. Data Source: 2000 US Census (Bridged-Race Vintage series)

3. **Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Numerator: Number of deaths from all unintentional injuries due to motor vehicle crashes for youth (residents) aged 15 through 24 years for the reporting period. Data Source: Kansas 2006 Annual Summary of Vital Statistics, Table 55, Center for Health & Environmental Statistics, Kansas Department of Health And Environment.

Denominator: Number of children (residents) aged 15 through 24 years for the reporting period. Data Source: 2000 US Census (Bridged-Race Vintage series)



**HEALTH STATUS INDICATOR MEASURE # 04A**

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>284.0</u>	<u>270.1</u>	<u>256.2</u>	<u>271.8</u>	<u>271.8</u>
<b>Numerator</b>	<u>1,603</u>	<u>1,500</u>	<u>1,471</u>	<u>1,564</u>	<u>1,564</u>
<b>Denominator</b>	<u>564,421</u>	<u>555,339</u>	<u>574,097</u>	<u>575,333</u>	<u>575,333</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

**1. Section Number:** Form20\_Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The 2008 column is populated with 2007 data. 2008 data will be available Spring 2010.

**2. Section Number:** Form20\_Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Numerator: Number of hospital discharges for resident children ages 14 years and younger with non-fatal unintentional injuries (E800-E869 and E880-E929). Data Source: Kansas Hospital Discharge data, Kansas Hospital Association, Accessed through the Center for Health and Environmental Statistics, KDHE.

Denominator: Number of resident children ages 14 years and younger in the reporting period. Data Source: 2000 US Census (Bridged-Race Vintage series).

**3. Section Number:** Form20\_Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Numerator: Number of hospital discharges for resident children ages 14 years and younger with non-fatal unintentional injuries (E800-E869 and E880-E929). Data Source: Kansas Hospital Discharge data, Kansas Hospital Association, Accessed through the Center for Health and Environmental Statistics, KDHE.

Denominator: Number of resident children ages 14 years and younger in the reporting period. Data Source: 2000 US Census (Bridged-Race Vintage series).

**HEALTH STATUS INDICATOR MEASURE # 04B**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>39.9</u>	<u>30.4</u>	<u>28.4</u>	<u>27.6</u>	<u>27.6</u>
<b>Numerator</b>	<u>225</u>	<u>169</u>	<u>163</u>	<u>159</u>	<u>159</u>
<b>Denominator</b>	<u>564,421</u>	<u>555,339</u>	<u>574,097</u>	<u>575,333</u>	<u>575,333</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

**1. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The 2008 column is populated with 2007 data. 2008 data will be available Spring 2010.

**2. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Numerator: Number of hospital discharges for resident children ages 14 years and younger with non-fatal unintentional injuries due to MVC (E810-E825). Data Source: Kansas Hospital Discharge data, Kansas Hospital Association, Accessed through the Center for Health and Environmental Statistics, KDHE.

Denominator: Number of youth ages 15 through 24 for the reporting period. Data Source: U. S. Census - Bridged-Race Vintage series.

**3. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Numerator: Number of hospital discharges for resident children ages 14 years and younger with non-fatal unintentional injuries due to MVC (E810-E825). Data Source: Kansas Hospital Discharge data, Kansas Hospital Association, Accessed through the Center for Health and Environmental Statistics, KDHE.

Denominator: Number of youth ages 15 through 24 for the reporting period. Data Source: U. S. Census - Bridged-Race Vintage series.

**HEALTH STATUS INDICATOR MEASURE # 04C**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>148.8</u>	<u>150.4</u>	<u>135.6</u>	<u>140.0</u>	<u>140.0</u>
<b>Numerator</b>	<u>623</u>	<u>626</u>	<u>562</u>	<u>575</u>	<u>575</u>
<b>Denominator</b>	<u>418,546</u>	<u>416,292</u>	<u>414,560</u>	<u>410,696</u>	<u>410,696</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The 2008 column is populated with 2007 data. 2008 data will be available in Spring 2010.

2. **Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Numerator: Number of hospital discharges for youth ages 15 through 24 due to non-fatal injuries caused by motor vehicle crashes (E810-E825) in the reporting period. Data Source: Kansas Hospital Discharge data, Kansas Hospital Association, Accessed through the Center for Health and Environmental Statistics, KDHE.

Denominator: Number of youth ages 15 through 24 for the reporting period. Data Source: U. S. Census - Bridged-Race Vintage series.

3. **Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Numerator: Number of hospital discharges for youth ages 15 through 24 due to non-fatal injuries caused by motor vehicle crashes (E810-E825) in the reporting period. Data Source: Kansas Hospital Discharge data, Kansas Hospital Association, Accessed through the Center for Health and Environmental Statistics, KDHE.

Denominator: Number of youth ages 15 through 24 for the reporting period. Data Source: U. S. Census - Bridged-Race Vintage series.

**HEALTH STATUS INDICATOR MEASURE # 05A**

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>24.2</u>	<u>25.2</u>	<u>27.2</u>	<u>28.4</u>	<u>28.1</u>
<b>Numerator</b>	<u>2,384</u>	<u>2,465</u>	<u>2,663</u>	<u>2,772</u>	<u>2,742</u>
<b>Denominator</b>	<u>98,564</u>	<u>97,894</u>	<u>97,842</u>	<u>97,697</u>	<u>97,697</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

DATA SOURCE:

Numerator= KDHE. Bureau of Disease Prevention and Control. STD program data on incident cases reported for CY2008

Denominator= KDHE. Center for Health and Environmental Statistics

KIC - population for the state of Kansas. Because 2008 estimates are not available at the time of this application, 2007 data was used to pre-populate this field. Further information and data limitations can be found at [http://kic.kdhe.state.ks.us/kic/popeth\\_table.html](http://kic.kdhe.state.ks.us/kic/popeth_table.html)

2. **Section Number:** Form20\_Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

DATA SOURCE:

Numerator= KDHE. Bureau of Disease Prevention and Control. STD program data on incident cases reported for CY2007.

Denominator= KDHE. Center for Health and Environmental Statistics

KIC - population for the state of Kansas. Further information and data limitations can be found at [http://kic.kdhe.state.ks.us/kic/popeth\\_table.html](http://kic.kdhe.state.ks.us/kic/popeth_table.html)

3. **Section Number:** Form20\_Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source

Numerator: STD data, Bureau of Disease Prevention and Control, KDHE.

Denominator: KIC - population for the state of Kansas. [http://kic.kdhe.state.ks.us/kic/popeth\\_table.html](http://kic.kdhe.state.ks.us/kic/popeth_table.html)

**HEALTH STATUS INDICATOR MEASURE # 05B**

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>7.8</u>	<u>8.0</u>	<u>8.3</u>	<u>8.9</u>	<u>9.8</u>
<b>Numerator</b>	<u>3,678</u>	<u>3,745</u>	<u>3,825</u>	<u>4,067</u>	<u>4,508</u>
<b>Denominator</b>	<u>469,976</u>	<u>468,937</u>	<u>460,954</u>	<u>458,243</u>	<u>458,243</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

DATA SOURCE:

Numerator= KDHE. Bureau of Disease Prevention and Control. STD program data on incident cases reported for CY2008

Denominator= KDHE. Center for Health and Environmental Statistics

KIC - population for the state of Kansas. Because 2008 estimates are not available at the time of this application, 2007 data was used to pre-populate this field. Further information and data limitations can be found at [http://kic.kdhe.state.ks.us/kic/popeth\\_table.html](http://kic.kdhe.state.ks.us/kic/popeth_table.html)

2. **Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

DATA SOURCE:

Numerator= KDHE. Bureau of Disease Prevention and Control. STD program data on incident cases reported for CY2008

Denominator=KDHE. Center for Health and Environmental Statistics

KIC - population for the state of Kansas. Further information and data limitations can be found at [http://kic.kdhe.state.ks.us/kic/popeth\\_table.html](http://kic.kdhe.state.ks.us/kic/popeth_table.html)

3. **Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source

Numerator: STD data, Bureau of Disease Prevention and Control, KDHE.

Denominator: KIC - population for the state of Kansas. [http://kic.kdhe.state.ks.us/kic/popeth\\_table.html](http://kic.kdhe.state.ks.us/kic/popeth_table.html)

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: KS**

**HSI #06A - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Final

<b>CATEGORY TOTAL POPULATION BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	40,426	34,745	4,013	467	1,201	0	0	0
Children 1 through 4	155,712	134,793	14,717	1,735	4,467	0	0	0
Children 5 through 9	190,372	165,075	17,730	2,433	5,134	0	0	0
Children 10 through 14	188,823	165,234	16,563	2,567	4,459	0	0	0
Children 15 through 19	201,815	177,856	16,925	2,953	4,081	0	0	0
Children 20 through 24	208,881	183,809	16,438	3,152	5,482	0	0	0
Children 0 through 24	986,029	861,512	86,386	13,307	24,824	0	0	0

**HSI #06B - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

<b>CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	34,333	6,093	0
Children 1 through 4	132,467	23,245	0
Children 5 through 9	163,716	26,656	0
Children 10 through 14	165,090	23,733	0
Children 15 through 19	181,319	20,496	0
Children 20 through 24	188,759	20,122	0
Children 0 through 24	865,684	120,345	0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: KS**

**HSI #07A - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2007    Is this data from a State Projection? No    Is this data final or provisional? Final

<b>CATEGORY TOTAL LIVE BIRTHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Women < 15	47	21	14	0	0	1	4	7
Women 15 through 17	1,273	863	158	15	13	1	51	172
Women 18 through 19	2,990	2,273	351	32	23	5	77	229
Women 20 through 34	33,031	27,247	2,179	234	904	46	488	1,933
Women 35 or older	4,601	3,854	197	17	225	1	43	264
Women of all ages	41,942	34,258	2,899	298	1,165	54	663	2,605

**HSI #07B - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

<b>CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Women < 15	27	20	0
Women 15 through 17	832	435	6
Women 18 through 19	2,340	635	15
Women 20 through 34	28,009	4,935	87
Women 35 or older	3,936	651	14
Women of all ages	35,144	6,676	122

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: KS**

**HSI #08A - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2007    Is this data from a State Projection? No    Is this data final or provisional? Final

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	333	231	57	3	5	1	15	21
Children 1 through 4	38	28	1	1	0	0	2	6
Children 5 through 9	26	18	5	0	0	0	2	1
Children 10 through 14	36	30	4	0	0	0	0	2
Children 15 through 19	138	101	16	1	3	0	7	10
Children 20 through 24	178	148	17	2	0	0	2	9
Children 0 through 24	749	556	100	7	8	1	28	49

**HSI #08B - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

<b>CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	275	56	2
Children 1 through 4	23	14	1
Children 5 through 9	21	4	1
Children 10 through 14	30	6	0
Children 15 through 19	117	18	3
Children 20 through 24	158	19	1
Children 0 through 24	624	117	8



**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: KS**

**HSI #09A - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

<b>CATEGORY Miscellaneous Data BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>	<b>Specific Reporting Year</b>
All children 0 through 19	777,148	677,703	69,948	10,155	19,342	0	0	0	2007
Percent in household headed by single parent	37.8	18.4	52.7	26.9	17.7	0.0	39.4	33.7	2007
Percent in TANF (Grant) families	5.9	4.4	16.1	8.1	3.2	0.0	0.0	0.0	2008
Number enrolled in Medicaid	214,260	159,504	35,537	4,082	3,356	249	0	11,532	2008
Number enrolled in SCHIP	60,156	48,145	5,913	824	1,053	61	0	4,160	2008
Number living in foster home care	9,187	7,050	1,893	75	34	13	0	122	2008
Number enrolled in food stamp program	142,329	100,721	27,799	2,487	1,835	170	3,499	5,818	2008
Number enrolled in WIC	91,406	73,449	11,144	2,117	1,308	175	3,213	0	2008
Rate (per 100,000) of juvenile crime arrests	3,740.7	3,528.8	6,753.5	2,150.1	1,272.5	0.0	0.0	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	3.4	2.0	3.5	4.4	1.6	0.0	2.9	0.0	2007

**HSI #09B - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

<b>CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>	<b>Specific Reporting Year</b>
All children 0 through 19	676,925	100,223	0	2007
Percent in household headed by single parent	17.9	32.9	0.0	2007
Percent in TANF (Grant) families	5.6	7.9	0.0	2008
Number enrolled in Medicaid	165,487	48,773	0	2008
Number enrolled in SCHIP	44,869	15,287	0	2008
Number living in foster home care	8,161	707	319	2008
Number enrolled in food stamp program	109,953	26,558	5,818	2008
Number enrolled in WIC	61,924	29,366	116	2008
Rate (per 100,000) of juvenile crime arrests	3,645.8	4,460.7	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	2.2	4.1	0.0	2007

**FORM 21**  
**HEALTH STATUS INDICATORS**  
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**HSI #10 - Demographics (Geographic Living Area)** *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2007    Is this data from a State Projection? No    Is this data final or provisional? Final

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	449,192
Living in urban areas	535,902
Living in rural areas	161,120
Living in frontier areas	18,967
<b>Total - all children 0 through 19</b>	<b>715,989</b>

**Note:**

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

**FORM 21**  
**HEALTH STATUS INDICATORS**  
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**STATE: KS**

**HSI #11 - Demographics (Poverty Levels)** *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007    Is this data from a State Projection? No    Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Total Population	2,720,000.0
Percent Below: 50% of poverty	4.9
100% of poverty	11.7
200% of poverty	30.6

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: KS**

**HSI #12 - Demographics (Poverty Levels)** *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007    Is this data from a State Projection? No    Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	708,000.0
Percent Below: 50% of poverty	6.0
100% of poverty	17.4
200% of poverty	40.1

## FORM NOTES FOR FORM 21

None

### FIELD LEVEL NOTES

- 1. Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: National Center for Health Statistics. Estimates of the July 1, 2000-July 1, 2007, United States resident population from the Vintage 2007 postcensal series by year, county, age, sex, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. Available on the Internet from: <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm>. September 8, 2008.

Note-- Asian and Pacific Islander racial categories have been combined.
- 2. Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children1to4  
**Row Name:** children 1 through 4  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: National Center for Health Statistics. Estimates of the July 1, 2000-July 1, 2007, United States resident population from the Vintage 2007 postcensal series by year, county, age, sex, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. Available on the Internet from: <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm>. September 8, 2008.

Note-- Asian and Pacific Islander racial categories have been combined.
- 3. Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children5to9  
**Row Name:** children 5 through 9  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: National Center for Health Statistics. Estimates of the July 1, 2000-July 1, 2007, United States resident population from the Vintage 2007 postcensal series by year, county, age, sex, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. Available on the Internet from: <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm>. September 8, 2008.

Note-- Asian and Pacific Islander racial categories have been combined.
- 4. Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children10to14  
**Row Name:** children 10 through 14  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: National Center for Health Statistics. Estimates of the July 1, 2000-July 1, 2007, United States resident population from the Vintage 2007 postcensal series by year, county, age, sex, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. Available on the Internet from: <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm>. September 8, 2008.

Note-- Asian and Pacific Islander racial categories have been combined.
- 5. Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children15to19  
**Row Name:** children 15 through 19  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: National Center for Health Statistics. Estimates of the July 1, 2000-July 1, 2007, United States resident population from the Vintage 2007 postcensal series by year, county, age, sex, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. Available on the Internet from: <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm>. September 8, 2008.

Note-- Asian and Pacific Islander racial categories have been combined.
- 6. Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children20to24  
**Row Name:** children 20 through 24  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: National Center for Health Statistics. Estimates of the July 1, 2000-July 1, 2007, United States resident population from the Vintage 2007 postcensal series by year, county, age, sex, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. Available on the Internet from: <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm>. September 8, 2008.

Note-- Asian and Pacific Islander racial categories have been combined.
- 7. Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: National Center for Health Statistics. Estimates of the July 1, 2000-July 1, 2007, United States resident population from the Vintage 2007 postcensal series by year, county, age, sex, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. Available on the Internet from: <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm>. September 8, 2008.
- 8. Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children1to4  
**Row Name:** children 1 through 4  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: National Center for Health Statistics. Estimates of the July 1, 2000-July 1, 2007, United States resident population from the Vintage 2007 postcensal series

by year, county, age, sex, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. Available on the Internet from: <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm>. September 8, 2008.

9. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children5to9  
**Row Name:** children 5 through 9  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: National Center for Health Statistics. Estimates of the July 1, 2000-July 1, 2007, United States resident population from the Vintage 2007 postcensal series by year, county, age, sex, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. Available on the Internet from: <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm>. September 8, 2008.
10. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children10to14  
**Row Name:** children 10 through 14  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: National Center for Health Statistics. Estimates of the July 1, 2000-July 1, 2007, United States resident population from the Vintage 2007 postcensal series by year, county, age, sex, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. Available on the Internet from: <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm>. September 8, 2008.
11. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children15to19  
**Row Name:** children 15 through 19  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: National Center for Health Statistics. Estimates of the July 1, 2000-July 1, 2007, United States resident population from the Vintage 2007 postcensal series by year, county, age, sex, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. Available on the Internet from: <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm>. September 8, 2008.
12. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children20to24  
**Row Name:** children 20 through 24  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: National Center for Health Statistics. Estimates of the July 1, 2000-July 1, 2007, United States resident population from the Vintage 2007 postcensal series by year, county, age, sex, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. Available on the Internet from: <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm>. September 8, 2008.
13. **Section Number:** Form21\_Indicator 07A  
**Field Name:** Race\_Women15  
**Row Name:** Women < 15  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
women <15 = women 10-14
14. **Section Number:** Form21\_Indicator 07B  
**Field Name:** Ethnicity\_Women15  
**Row Name:** Women < 15  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
women <15 = women 10-14
15. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_Children  
**Row Name:** All children 0 through 19  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: National Center for Health Statistics. Estimates of the July 1, 2000-July 1, 2007, United States resident population from the Vintage 2007 postcensal series by year, county, age, sex, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. Available on the Internet from: <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm>. September 8, 2008.

NOTE Asian and Pacific Islander racial categories have been combined together.

16. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCES:  
Overall Kansas Rate used U.S. Census Bureau. 2007 American Community Survey 1-Year Estimates. B11003.FAMILY TYPE BY PRESENCE AND AGE OF OWN CHILDREN UNDER 18 YEARS - Universe: FAMILIES. <http://www.census.gov/acs/www/>.  
Race Specific Estimates used U.S. Census Bureau. 2007 American Community Survey 1-Year Estimates. B11001A-I. HOUSEHOLD TYPE (INCLUDING LIVING ALONE) - Universe: HOUSEHOLDS. Further information can be found at <http://www.census.gov/acs/www/>.  
Numerator = sum of other family; male householder, no wife present and other family; Female householder, no husband present  
Denominator = total Family households  
  
Race specific estimates are not comparable with previous data. Because the table on households with children under 18 table is no longer updated by the U.S. Census Bureau, a proxy measure is used. This data includes families with children under 18 years of age and is updated annually.
17. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_TANFPercent  
**Row Name:** Percent in TANF (Grant) families  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: Kansas Department of Social and Rehabilitation Services (SRS). Unduplicated TANF (CASH) recipients in KS AGE 0 to 19 during calendar year 2008

based on self-reporting of race/ethnicity to SRS.

Note—Asian and Pacific Islander racial categories have been combined together.

18. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_MedicaidNo  
**Row Name:** Number enrolled in Medicaid  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: Kansas Health Policy Authority. - Title 19 race and ethnicity report, ages 19 and under, CY 2008.
19. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_SCHIPNo  
**Row Name:** Number enrolled in SCHIP  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: Kansas Health Policy Authority. - Title 21 race and ethnicity report, ages 19 and under, CY 2008.
20. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_FoodStampNo  
**Row Name:** Number enrolled in food stamp program  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: Kansas Department of Social and Rehabilitation Services (SRS). Unduplicated food assistance recipients in KS AGE 0 to 19 during calendar year 2008 based on self-reporting of race/ethnicity to SRS.
21. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_WICNo  
**Row Name:** Number enrolled in WIC  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: KDHE. Bureau of Family Health. WIC program data. Calendar Year 2008 –KWIC Racial Statistics for clients 19 years of age and younger.
22. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_JuvenileCrimeRate  
**Row Name:** Rate (per 100,000) of juvenile crime arrests  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: Kansas Bureau of Investigation. Total arrests made youths aged 5-19, CY 2008.
- Note: Asian and Pacific Islander racial categories have been combined. This data is not comparable with previous applications because the age range has been extended up to 19 years of age to be more in line with the form's specified age range.
23. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_DropOutPercent  
**Row Name:** Percentage of high school drop-outs (grade 9 through 12)  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE:  
Numerator=Kansas State Department of Education. KANSAS  
UNIFIED SCHOOL DISTRICT DROPOUTS: 2003-2004 through 2007-2008.  
Denominator=Kansas State Department of Education. KANSAS  
STATE REPORTS. Enrollments by age, gender, race, and ethnicity 2007-2008.
- Note: Due to administrative changes to comply with FERPA regulations, racial/ethnic estimates are not comparable with previous years' submissions. Racial and ethnic breakdown of school dropouts for 2007-2008 school year includes grades 7 through 12. Asian and Pacific Islander racial categories have been combined together.
24. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_Children  
**Row Name:** All children 0 through 19  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: National Center for Health Statistics. Estimates of the July 1, 2000-July 1, 2007, United States resident population from the Vintage 2007 postcensal series by year, county, age, sex, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. Available on the Internet from: <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm>. September 8, 2008.
25. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCES:  
Ethnicity Specific Estimates used U.S. Census Bureau. 2007 American Community Survey 1-Year Estimates. B11001A-I. HOUSEHOLD TYPE (INCLUDING LIVING ALONE) - Universe: HOUSEHOLDS. Further information can be found at <http://www.census.gov/acs/www/>.  
Numerator = sum of other family; male householder, no wife present and other family; Female householder, no husband present  
Denominator = total Family households
- Ethnicity specific estimates are not comparable with previous data. Because the table on households with children under 18 table is no longer updated by the U.S. Census Bureau, a proxy measure is used. This data includes families with children under 18 years of age and is updated annually.
26. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_TANFPercent  
**Row Name:** Percent in TANF (Grant) families  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: Kansas Department of Social and Rehabilitation Services (SRS). Unduplicated TANF (CASH) recipients in KS AGE 0 to 19 during calendar year 2008

based on self-reporting of race/ethnicity to SRS.

27. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_MedicaidNo  
**Row Name:** Number enrolled in Medicaid  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: Kansas Health Policy Authority. - Title 19 race and ethnicity report, ages 19 and under, CY 2008.
28. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_SCHIPNo  
**Row Name:** Number enrolled in SCHIP  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: Kansas Health Policy Authority. - Title 21 race and ethnicity report, ages 19 and under, CY 2008.
29. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_FoodStampNo  
**Row Name:** Number enrolled in food stamp program  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: Kansas Department of Social and Rehabilitation Services (SRS). Unduplicated food assistance recipients in KS AGE 0 to 19 during calendar year 2008 based on self-reporting of race/ethnicity to SRS.
30. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_WICNo  
**Row Name:** Number enrolled in WIC  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: KDHE. Bureau of Family Health. WIC program data. Calendar Year 2008 –KWIC Racial Statistics for clients 19 years of age and younger.
31. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_JuvenileCrimeRate  
**Row Name:** Rate (per 100,000) of juvenile crime arrests  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: Kansas Bureau of Investigation. Total arrests made youths aged 5-19, CY 2008.

This data is not comparable with previous applications because the age range has been extended up to 19 years of age to be more in line with the form's specified age range.

32. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_DropOutPercent  
**Row Name:** Percentage of high school drop-outs (grade 9 through 12)  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE:  
Numerator=Kansas State Department of Education. KANSAS  
UNIFIED SCHOOL DISTRICT DROPOUTS: 2003-2004 through 2007-2008.  
Denominator=Kansas State Department of Education. KANSAS  
STATE REPORTS. Enrollments by age, gender, race, and ethnicity 2007-2008.
- Note: Due to administrative changes to comply with FERPA regulations, racial/ethnic estimates are not comparable with previous years' submissions. Racial and ethnic breakdown of school dropouts for 2007-2008 school year includes grades 7 through 12.
33. **Section Number:** Form21\_Indicator 10  
**Field Name:** Metropolitan  
**Row Name:** Living in metropolitan areas  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: U. S. Census Bureau. <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm> 2007
- Kansas Vital records definition of Metropolitan Counties was used in this analysis. These counties are: Butler, Douglas, Harvey, Johnson, Leavenworth, Miami, Sedgwick, Shawnee, and Wyandotte.
34. **Section Number:** Form21\_Indicator 10  
**Field Name:** Urban  
**Row Name:** Living in urban areas  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: U. S. Census Bureau. <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm> 2007
- Kansas Vital records definition of urban and semi-urban counties were used in this analysis. Counties were included if they had population densities of 40 or more persons per square mile. These counties are: Douglas, Johnson, Sedgwick, Shawnee, Wyandotte, Butler, Crawford, Franklin, Geary, Harvey, Leavenworth, Lyon, Miami, Montgomery, Reno, Riley, and Saline.
35. **Section Number:** Form21\_Indicator 10  
**Field Name:** Rural  
**Row Name:** Living in rural areas  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: U. S. Census Bureau. <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm>. 2007.

Kansas Vital records definition of rural and densely-settled rural counties were used in this analysis. Counties included had population densities between 6 and 39 persons per square mile. These counties are: Allen, Atchison, Barton, Bourbon, Cherokee, Cowley, Dickinson, Doniphan, Ellis, Finney, Ford, Jefferson, Labette, McPherson, Neosho, Osage, Pottawatomie, Seward, Sumner, Anderson, Brown, Chautauqua, Clay, Cloud, Coffey, Ellsworth, Grant, Gray, Greenwood, Harper, Haskell, Jackson,

Kingman, Linn, Marion, Marshall, Mitchell, Morris, Nemaha, Norton, Ottawa, Pawnee, Philips, Pratt, and Republic.

**36. Section Number:** Form21\_Indicator 10

**Field Name:** Frontier

**Row Name:** Living in frontier areas

**Column Name:**

**Year:** 2010

**Field Note:**

DATA SOURCE: U. S. Census Bureau. <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm>. 2007.

Kansas Vital records definition of frontier counties was used in this analysis. Counties included had population densities that had fewer than 6 persons per square mile. These counties are: Barber, Chase, Cheyenne, Clark, Comanche, Decatur, Edwards, Elk, Gove, Graham, Greeley, Hamilton, Hodgeman, Jewell, Kearny, Kiowa, Lane, Lincoln, Logan, Meade, Morton, Ness, Osborne, Rawlins, Rush, Sheridan, Smith, Stanton, and Trego.

**37. Section Number:** Form21\_Indicator 11

**Field Name:** S11\_total

**Row Name:** Total Population

**Column Name:**

**Year:** 2010

**Field Note:**

DATA SOURCE: U.S. Census Bureau and Bureau of Labor Statistics. Current Population Survey (CPS). Annual Social and Economic (ASEC) Supplement. POV46: Poverty Status by State: 2007 Below 185% and 200% of Poverty -- All Ages/1. Further information can be found at [http://www.census.gov/hhes/www/macro/032008/pov/new46\\_185200\\_01.htm](http://www.census.gov/hhes/www/macro/032008/pov/new46_185200_01.htm)

**38. Section Number:** Form21\_Indicator 11

**Field Name:** S11\_50percent

**Row Name:** Percent Below: 50% of poverty

**Column Name:**

**Year:** 2010

**Field Note:**

DATA SOURCE: U.S. Census Bureau. 2005-2007 American Community Survey 3-Year Estimates S1703. Selected Characteristics of People at Specified Levels of Poverty in the Past 12 Months. Further information can be found at <http://www.census.gov/acs/www/>.

This column is not comparable with previous applications because of different information sources and methods.

**39. Section Number:** Form21\_Indicator 11

**Field Name:** S11\_100percent

**Row Name:** 100% of poverty

**Column Name:**

**Year:** 2010

**Field Note:**

DATA SOURCE: U.S. Census Bureau and Bureau of Labor Statistics. Current Population Survey (CPS). Annual Social and Economic (ASEC) Supplement. POV46: Poverty Status by State: 2007 Below 100% and 125% of Poverty -- All Ages/1. Further information can be found at [http://www.census.gov/hhes/www/macro/032008/pov/new46\\_100125\\_01.htm](http://www.census.gov/hhes/www/macro/032008/pov/new46_100125_01.htm)

**40. Section Number:** Form21\_Indicator 11

**Field Name:** S11\_200percent

**Row Name:** 200% of poverty

**Column Name:**

**Year:** 2010

**Field Note:**

DATA SOURCE: U.S. Census Bureau and Bureau of Labor Statistics. Current Population Survey (CPS). Annual Social and Economic (ASEC) Supplement. POV46: Poverty Status by State: 2007 Below 185% and 200% of Poverty -- All Ages/1. Further information can be found at [http://www.census.gov/hhes/www/macro/032008/pov/new46\\_185200\\_01.htm](http://www.census.gov/hhes/www/macro/032008/pov/new46_185200_01.htm)

**41. Section Number:** Form21\_Indicator 12

**Field Name:** S12\_Children

**Row Name:** Children 0 through 19 years old

**Column Name:**

**Year:** 2010

**Field Note:**

DATA SOURCE: U.S. Census Bureau and Bureau of Labor Statistics. Current Population Survey (CPS). Annual Social and Economic (ASEC) Supplement. POV46: Poverty Status by State: 2007 Below 200% and 185% of Poverty -- People Under 18 Years of Age. Further information can be found at [http://www.census.gov/hhes/www/macro/032008/pov/new46\\_185200\\_03.htm](http://www.census.gov/hhes/www/macro/032008/pov/new46_185200_03.htm)

**42. Section Number:** Form21\_Indicator 12

**Field Name:** S12\_50percent

**Row Name:** Percent Below: 50% of poverty

**Column Name:**

**Year:** 2010

**Field Note:**

DATA SOURCE: U.S. Census Bureau. 2005-2007 American Community Survey 3-Year Estimates S1703. Selected Characteristics of People at Specified Levels of Poverty in the Past 12 Months. Further information can be found at <http://www.census.gov/acs/www/>.

This column is not comparable with previous applications because of different information sources and methods.

**43. Section Number:** Form21\_Indicator 12

**Field Name:** S12\_100percent

**Row Name:** 100% of poverty

**Column Name:**

**Year:** 2010

**Field Note:**

DATA SOURCE: U.S. Census Bureau and Bureau of Labor Statistics. Current Population Survey (CPS). Annual Social and Economic (ASEC) Supplement. POV46: Poverty Status by State: 2007 Below 100% and 125% of Poverty -- People Under 18 Years of Age. Further information can be found at [http://www.census.gov/hhes/www/macro/032008/pov/new46\\_185100\\_03.htm](http://www.census.gov/hhes/www/macro/032008/pov/new46_185100_03.htm)

**44. Section Number:** Form21\_Indicator 12

**Field Name:** S12\_200percent

**Row Name:** 200% of poverty

**Column Name:**

**Year:** 2010

**Field Note:**

DATA SOURCE: U.S. Census Bureau and Bureau of Labor Statistics. Current Population Survey (CPS). Annual Social and Economic (ASEC) Supplement. POV46: Poverty Status by State: 2007 Below 200% and 185% of Poverty -- People Under 18 Years of Age. Further information can be found at [http://www.census.gov/hhes/www/macro/032008/pov/new46\\_185200\\_03.htm](http://www.census.gov/hhes/www/macro/032008/pov/new46_185200_03.htm)

45. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_FosterCare  
**Row Name:** Number living in foster home care  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: Kansas Department of Social and Rehabilitation Services (SRS Children and Family Services), children in out of home placement, State Fiscal Year 2008.
46. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_FosterCare  
**Row Name:** Number living in foster home care  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
DATA SOURCE: Kansas Department of Social and Rehabilitation Services (SRS Children and Family Services), children in out of home placement, State Fiscal Year 2008.